

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Adams</u>		CERTIFICATE OF DEATH		State File No. <u>S78176</u>	
City of <u>Council</u>		Registration District No. <u>71</u>		Local Registrar's No. <u>206</u>	
		(No. <u>71</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Willis</u>					
(a) Residence. No. <u> </u>		St. <u> </u>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. <u> </u>		ds. How long in U. S., if of foreign birth? yrs. mos. <u> </u>		ds. <u> </u>	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u> </u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u>2-1-32</u>					
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, hrs. <u> </u> or min. <u> </u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>				
	10. Date deceased last worked at this occupation (month and year) <u> </u>				
	11. Total time (years) spent in this occupation <u> </u>				
12. BIRTHPLACE (city or town) (State or country) <u>Council</u>					
MOTHER FATHER	13. NAME <u>Wm Willis</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Canada</u>				
	15. MAIDEN NAME <u>Katie Smith</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT (Address) <u>Mrs. Kate Smith</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Council</u> Date <u>2-1</u> , 193 <u>2</u>					
19. UNDERTAKER (Address) <u>Family</u>					
20. FILED <u>March 10, 1932</u> <u>Adams</u> Registrar <u>Willis</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>2-1</u> , 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>at birth</u> , 193 <u>2</u> , to <u>2-1-32</u> , 193 <u>2</u>					
I last saw him <u>born dead</u> , 193 <u>2</u> : death is said to have occurred on the date stated above, at <u> </u> m.					
The principal cause of death and related causes of importance were as follows: <u>Stillbirth</u>					
Date of onset <u>Feb 19, 1932</u>					
<u>Delayed Cord</u>					
Other contributory causes of importance: <u> </u>					
Name of operation <u>None</u> Date of <u> </u>					
What test confirmed diagnosis? <u>Exam</u> Was there an autopsy? <u> </u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>0</u> Date of injury <u> </u> , 193 <u>2</u>					
Where did injury occur? <u>0</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>0</u>					
Manner of injury <u>0</u>					
Nature of injury <u>0</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>0</u>					
If so, specify <u> </u>					
(Signed) <u>Chas. S. Hunter</u> , M. D.					
(Address) <u>Council Bluffs</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

MAY 31 1985

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

(No. 2161)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Camille

(a) Residence No. Gen Hospital St.

Length of residence in city of town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 2, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work name

(b) General nature of industry, business, or establishment in which employed (or employer) name

(c) Name of employer name

9. BIRTHPLACE (city or town) Pocatello
(State or country)

10. NAME OF FATHER W. C. Carner

11. BIRTHPLACE OF FATHER (city or town) Lawa
(State or Country)

12. MAIDEN NAME OF MOTHER Blanche Lewis

13. BIRTHPLACE OF MOTHER (city or town) Lawa
(State or Country)

PARENTS

14. Informant (Address) W. C. Carner

15. Filed Feb 3, 1932 D C Ray
Registrar.

RECEIVED MAR 11 1932

DO NOT WRITE IN THIS SPACE

State File No.

S 78187

Local Registrar's No. 253

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 2, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1932 to Feb 2nd 1932

that I last saw him Stillborn 1932

and that death occurred, on the date stated above, at 9:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Stillborn
Pulmonary
Atelctasis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. C. Johnson, M. D.
2/3/32 1932 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Pocatello Idaho Date of Burial Feb 3, 1932

20. Undertaker McFarland & Co Address Pocatello

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) SALEMAN, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer. Farm laborer. Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE S 78678 State File No.	
County of <u>Fremont</u>	City of <u>Ashton</u>	Registration District No. <u>102</u>		Local Registrar's No. <u>no 6</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>LEONARD J. DEARING</u>					
(a) Residence. No. <u> </u> St. <u> </u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>3/2/32.</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	-	-	-		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>ASHTON</u> (State or country)					
MOTHER FATHER	13. NAME <u>EARL DEARING</u>				
	14. BIRTHPLACE (city or town) <u>NEB.</u> (State or country)				
	15. MAIDEN NAME <u>LAVONE CROUCH</u>				
	16. BIRTHPLACE (city or town) <u>IDAHO</u> (State or country)				
17. INFORMANT <u>EARL DEARING</u> (Address) <u>ASHTON IDAHO</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>BURIAL</u> Place <u>ASHTON</u> Date <u>3/3/32</u> , 193					
19. UNDERTAKER <u>LEWIS KISER</u> (Address) <u>ASHTON IDAHO</u>					
20. FILED <u>3/3/32</u> , 193 <u>LEWIS KISER</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>3/2/32.</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Ashton</u> , 193, to <u>Ashton</u> , 193.					
I last saw h. alive on <u> </u> , 193; death is said to have occurred on the date stated above, at <u> </u> m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
<u>Still Born. Perhaps killed by instrumental delivery.</u>					
Other contributory causes of importance:					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 193.					
Where did injury occur? <u> </u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u> </u>					
If so, specify <u> </u>					
(Signed) <u> </u> , M. D.					
(Address) <u> </u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

20. Undertaker	Address
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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc." without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE S79428 State File No.	
CERTIFICATE OF DEATH County of <u>Butte</u> City of <u>Carroll</u> Registration District No. <u>30</u> Primary Registration District No. <u>1050</u> Local Registrar's No. <u>73</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Humphrey</u>			
(a) Residence. No. <u>Rathdrum, Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>5-28-32</u>			
7. AGE	Years <u>7</u>	Months <u>—</u>	Days <u>—</u> If LESS than 1 day, hrs. or min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Rathdrum</u> (State or country) <u>Idaho</u>			
FATHER			
13. NAME <u>Paul Martin</u> 14. BIRTHPLACE (city or town) <u>Don't know</u> (State or country)			
MOTHER			
15. MAIDEN NAME <u>Bessie Ellen Humphrey</u> 16. BIRTHPLACE (city or town) <u>Rathdrum, Idaho</u> (State or country)			
17. INFORMANT <u>W. L. Humphrey</u> (Address) <u>Rathdrum, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rathdrum</u> Date <u>5-25</u> , 193 <u>2</u>			
19. UNDERTAKER <u>Essie J. Finkbeiner</u> (Address) <u>Rathdrum, Idaho</u>			
20. FILED <u>5-29</u> , 193 <u>2</u> <u>A. J. Sturges</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>May 21</u> , 193 <u>2</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>2</u> , to _____, 193 <u>2</u> . I last saw him alive on _____, 193 <u>2</u> ; death is said to have occurred on the date stated above, at <u>7:00</u> m. The principal cause of death and related causes of importance were as follows: <u>Still born</u> Other contributory causes of importance:			
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Exam.</u> Was there an autopsy? <u>Yes</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Edward J. Sturges</u> , M. D. (Address) <u>Carroll, Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **S79729**

PLACE OF DEATH

County of *Bear Lake*City of *Montpelier*Registration District No. *52*Primary Registration District No. *2186*Local Registrar's No. *m⁶*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Rodney Earl Clayton*(a) Residence. No. *Montpelier 2 days* St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. (Single, Married, Widowed, or Divorced (write the word)) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *June 6 - 1932*
7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Infant*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Montpelier Idaho*
(State or country)10. NAME OF FATHER *E. G. Clayton*11. BIRTHPLACE OF FATHER (city or town) *Missouri*
(State or Country)12. MAIDEN NAME OF MOTHER *Georothy Piper*13. BIRTHPLACE OF MOTHER (city or town) *Idaho*
(State or Country)14. Informant *E. G. Clayton*(Address) *6307 Montpelier Idaho*15. Filled *6/30/32* 19*32* *N. H. King* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 6* 19*32*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *June 6* 19*32*
June 6 19*32*that I last saw him alive on _____, 19____, and that death occurred, on the _____ stated above, at _____ m.
The CAUSE OF DEATH* was as follows:*Still born birth*
(Unknown Cause)
(duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *Yes* Date *June 6*Was there an autopsy? *Yes*

What test confirmed diagnosis?

(Signed) *W. S. Tuley*, M. D.*June 7* 19*32* (Address) *Montpelier Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19. Place of Burial, Cremation, or Removal *Montpelier Idaho* Date of Burial *June 9* 19*32*20. Undertaker *W. H. Williams* Address *Montpelier Idaho*

11000 is very important. See instruction on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. S80157	
County of <u>Lincoln</u>		Registration District No. <u>16</u>		Local Registrar's No. <u>179</u>	
City of <u>Richfield</u>		Primary Registration District No.			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>No Name</u>					
(a) Residence. No. St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 20 1932</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) <u>Richfield</u> (State or country) <u>Idaho</u>				
	13. NAME <u>Orville Hardman</u>				
MOTHER FATHER	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
	15. MAIDEN NAME <u>Anna Krahm</u>				
	16. BIRTHPLACE (city or town) <u>Wisconsin</u> (State or country)				
17. INFORMANT (Address) <u>Herta Wade</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Richfield Ida</u> Date <u>6-21</u> , 1932					
19. UNDERTAKER <u>C. E. Hickok</u> (Address) <u>Shoshone, Idaho</u>					
20. FILED <u>6/21</u> , 1932 <u>L. Fuller</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 193 <u>June 20</u> , 1932, to <u>June 20</u> , 1932					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 20</u> , 1932, to <u>June 20</u> , 1932					
I last saw h. alive on, 1932; death is said to have occurred on the date stated above, at <u>4</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					
Other contributory causes of importance: <u>Home & Drowning in Water</u>					
Name of operation Date of					
What test confirmed diagnosis? <u>Etc.</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1932					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>F. E. J. Barrett</u> , M. D.					
(Address) <u>Shoshone, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
County of Bingham
City of Moreland Precinct
Moreland, Ida. P.O. Registration District No. 121
Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. **S 80575**Local Registrar's No. 129(No. At Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellis. (Unnamed. Stillborn.)

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) 1
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 13, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
Stillborn.				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moreland, Idaho
(State or country)13. NAME Vaughn Ellis.14. BIRTHPLACE (city or town) Idaho Falls, Ida.
(State or country)15. MAIDEN NAME Evylin E. Goodwin.16. BIRTHPLACE (city or town) Blackfoot, Idaho, #2.
(State or country)17. INFORMANT Sarah Goodwin.
(Address) Moreland, Idaho.18. BURIAL, CREMATION, OR REMOVAL Thomas-Riverside
Place Date Sept. 13, 193219. UNDERTAKER Sophroma Ellis.
(Address) Moreland, Idaho.20. FILED Sept. 13, 1932 Mr. Walter E. Galtier
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 13, 193222. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1932, to Born dead, 1932.

I last saw him alive on _____, 1932; death is said

to have occurred on the date stated above, at 12.55 A.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prolapse of cord and embolism off cord, prior to birth.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, state _____

(Signed) W. E. Galtier, M.D.(Address) Blackfoot, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones *May 1, 1923*

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez. Perce.City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. Delsol Lane.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Hill.(a) Residence, No. St. Gifford, Idaho.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 3rd, 1932.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

13. NAME Sherman F. Hill.

14. BIRTHPLACE (city or town) Gifford,
(State or country) Idaho.

15. MAIDEN NAME Alma Dehning.

16. BIRTHPLACE (city or town) Gifford,
(State or country) Idaho.

17. INFORMANT (Address) Sherman Hill
Gifford, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Gifford, Idaho. Date Aug. 4th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 8/16, 1932 J. M. Lyle Registrar.

DO NOT WRITE IN THIS SPACE

State File No. S80731Local Registrar's No. 70

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug 3, 1932, to Aug 3-4, 1932I last saw him Still born, 1932; death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows: Impaled of umbilical cord inserted in placenta being attached on outer and separated from placenta.

Date of onset

Other contributory causes of importance:

Name of operation Funking Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1932.Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify (Signed) E. L. White, M. D.(Address) Lewiston, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1932

PLACE OF DEATH

County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Vickers.(a) Residence. No. 1911. N. 9 th Street. St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November. 22 1932

7. AGE Years _____ Months _____ Days _____
1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

13. NAME Don. S. Vickers.

14. BIRTHPLACE (city or town) Iowa.
(State or country)

15. MAIDEN NAME Edna Johnston.

16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMANT Don. S. Vickers.
(Address) 1911. N. 9 th Street.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery, Nov. 23, 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-23, 1932 W. W. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

81171

State File No. _____

S 303

Local Registrar's No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h_____ alive on _____, 193____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

StillbornDeceh 2-3 days before delivery.

Other contributory causes of importance:

Name of operation None. Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. F. West _____, M. D.(Address) Boise Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED NO.

RECEIVED NOV 21 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **81212**

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52Primary Registration District No. 2136Local Registrar's No. 206

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Robbins(a) Residence. No. Montpelier Idaho St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 16 - 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still - Born Infant

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Montpelier Idaho
(State or country)10. NAME OF FATHER Fred E Robbins11. BIRTHPLACE OF FATHER (city or town) Mississippi
(State or Country)12. MAIDEN NAME OF MOTHER Vera Ford13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Fred E Robbins
(Address) Montpelier Idaho

15. Filed 9/1/34 N.Y. Kung
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 - 16 - 32
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-16, 1932, to 7-16, 1932.

that I last saw her alive on 19 and that death occurred, on the date stated above, at 6:11 m.

The CAUSE OF DEATH* was as follows: Still Born

(duration) yrs. mos. ds.

CONTRIBUTORY Birth
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. J. C. Bailey, M. D.7-16, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Paris Idaho Date of Burial June 17 193220. Undertaker W. Williams Address Montpelier Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., or (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1935

PLACE OF DEATH
County of Bannock
City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

S81577

State File No. _____

Registration District No. 20
Primary Registration District No. 2061

Local Registrar's No. 154(No. McCammon, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Shappart(a) Residence. No. McCammon, Idaho. St. _____(Usual place of abode)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Still - born

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1932.

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as ~~atk mill~~, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) McCammon, Idaho.
(State or country)13. NAME Marvin Shappart14. BIRTHPLACE (city or town) Wynona, Washington.
(State or country)15. MAIDEN NAME Elaine Lewis16. BIRTHPLACE (city or town) McCammon, Idaho.
(State or country)17. INFORMANT Marvin Shappart
(Address) McCammon, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place McCammon, Idaho Date Dec. 20, 1932.19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.20. FILED Dec. 19, 1932. S. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18, 1932.

22. I HEREBY CERTIFY, That I attended deceased from _____

Dec 18, 1932 to Dec 18, 1932I last saw her on Dec 18, 1932 death is said to have occurred on the date stated above, at _____ m.The principal cause of death and related causes of importance were as follows: Still Born

Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. H. Lynn, M. D.(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

.....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED FEB 12 1932 DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **S 86638**

PLACE OF DEATH

County of *Booming*City of *Wendell*

CERTIFICATE OF DEATH

Registration District No. *22*Primary Registration District No. *2218*(No. *Wendell Hosp*)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Baby Austin*

(a) Residence. No. _____

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. ☒ yrs. _____ mos. _____ ds. _____How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. _____
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *white*5. Single, Married, Widowed,
or Divorced (write the word.) *Single*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of *✓*6. DATE OF BIRTH (month, day and year) *Feb 26-1932*

7. AGE

Years *0*Months *0*Days *0*If LESS than 1 day,
_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work *✓*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) *Wendell Idaho*10. NAME OF FATHER *W R Austin*11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Cardston Canada*12. MAIDEN NAME OF MOTHER *Tillie Rydman*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *Utah*

14.

Informant
(Address) *W R Austin Jerome Idaho*

15.

Filed *2-27* 19 *32* *E L Dimont*

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*Feb 26**1932*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Feb 26**1932**Feb 26**1932*that I last saw him alive on *Stillborn*and that death occurred, on the date stated above, at *10:00 p.m.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Stillborn*

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) *E L Dimont**Feb 27**1932*

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

*Jerome Cemetery**Feb 27 1932*

20. Undertaker

White Mortuary Inc

Address

Idaho Twin Falls

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

312-102010-165

1. PLACE OF BIRTH RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 197053

County of Gannerville
City of Idaho Falls
No. 102 St.

Registration District No. 73 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 21 Local Registrar's No. 1-1

2. FULL NAME OF CHILD Rayd Cable

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>✓</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>1-2</u> , 1932 (MONTH, DAY, YEAR)
		5. Number, in order of birth <u>2</u>	Full term		

9. Full name FATHER <u>Cable, Mr. Ray Edward</u>	18. Full maiden name MOTHER <u>Jones, Maude Mae</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Idaho Falls</u>

11. Color or race <u>W</u>	12. Age at last birthday <u>31</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>29</u> (years)
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13. Birthplace (city or place) (State or country) <u>Trisco, Utah</u>	22. Birthplace (city or place) (State or country) <u>Bogan Utah</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mgr. Western Union</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Dom. House</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work <u>Nov</u> , 19 <u>31</u>		25. Date (month and year) last engaged in this work _____, 19 <u>31</u>
17. Total time (years) spent in this work <u>10</u>		26. Total time (years) spent in this work <u>2</u>	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation <u>8 mos</u> { months or weeks	29. Cause of stillbirth <u>?</u>	Before labor _____	During labor _____
--	----------------------------------	--------------------	--------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

(Signed) Harry L. Wilton, M. D.

or _____, Midwife

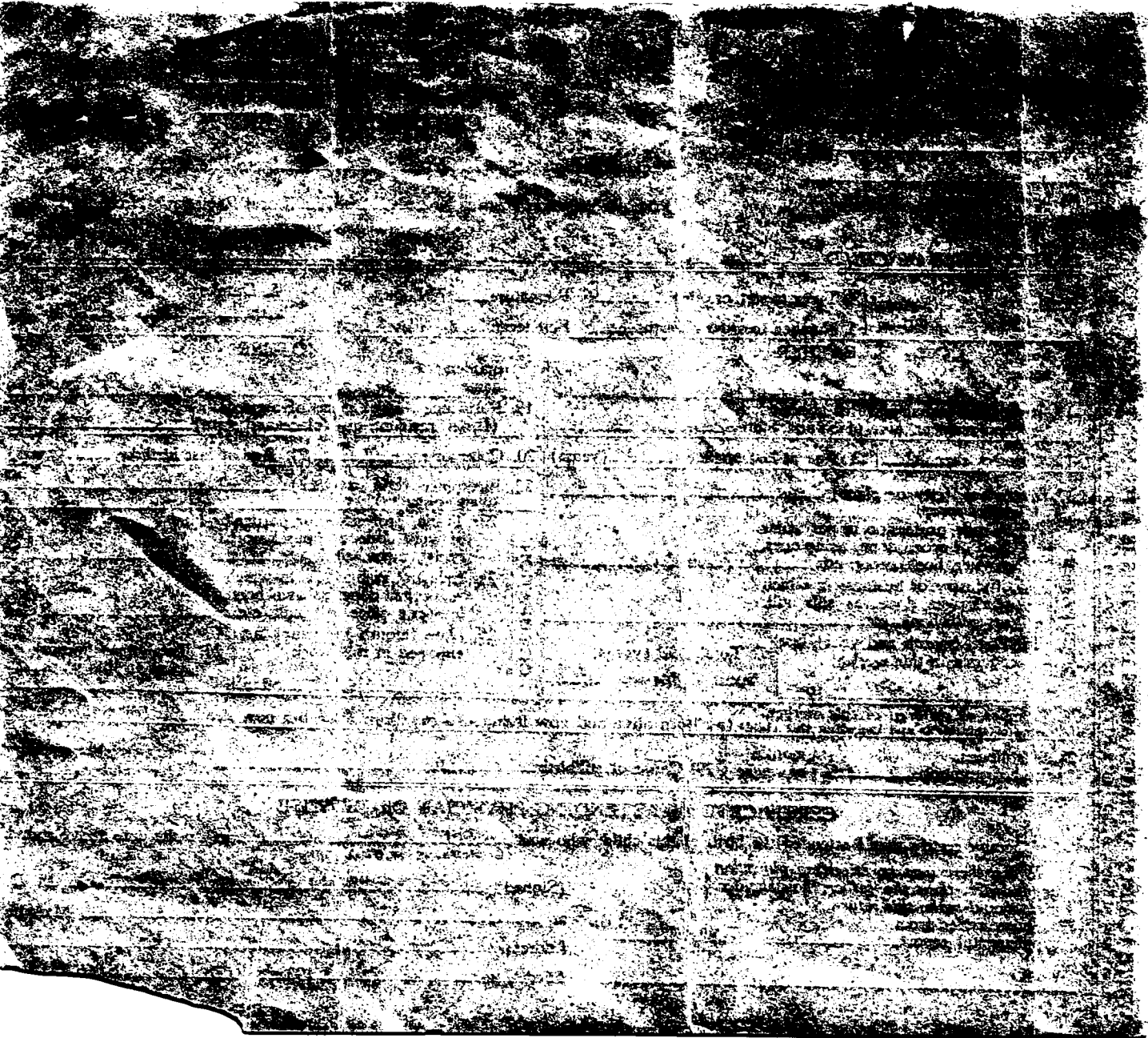
Address Idaho Falls, Ida

Filed Jan 7, 1932 W. J. J. J.

Give name added from a supplemental report _____

(DATE OF)

Registrar.



RECEIVED JAN 12 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77754

PLACE OF DEATH

County of Bonnieville

City of Idaho Falls, Id.

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 211-0

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Boyd Cable

(a) Residence. No. S. D. Hospital

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

St.

(If nonresident, give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word.)

Stillborn

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

1-2-32

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.

Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Idaho Falls, Idaho

10. NAME OF FATHER

Mr. Ray Cable

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Triss, Utah

12. MAIDEN NAME OF MOTHER

Maudie Jones

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Logan, Utah

14.

Informant (Address)

Ray Cable, Idaho Falls, Id.

15.

Filed

Jan 2, 1932

Registrar

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 2

(Month)

(Day)

1932
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1932, to Jan 2, 1932

that I last saw him alive on, 19.....

and that death occurred, on the date stated above, at, m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stillborn, dead for several days before delivery. Cause unknown.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry P. Wilson, M. D.

19..... (Address).....

19. Place of Burial, Cremation, or Removal

Date of Burial

Funerary H.S.

1/2 1932

20. Undertaker

Address

Triss

Triss

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

206

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313 105-028-418
PLACE OF BIRTH

County of Kootenai
City of Harrison
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AN 12 1932
S 98389

Registration District No. 126 State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No. 2304 Local Registrar's No. 28

FULL NAME OF CHILD Still born

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and {	Number in order of birth <u>-</u>	Legiti- mate? <u>yes</u>	Date of birth <u>Jan 5 (15)</u> 1932
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 7 (a) Born alive and now living 6

Born alive but now dead _____ Stillborn _____

FATHER
FULL NAME Richard E. Colavan

Residence (Usual place of abode) near Harrison

If nonresident, give place and State _____

Color or race W Age at last Birthday 47 (Years)

Birthplace Spokane Wash (City and State or Country)

Occupation laborer

MOTHER
FULL MAIDEN NAME Bulah Irene Day

Residence (Usual place of abode) same

If nonresident, give place and State _____

Color or race W Age at last Birthday 24 (Years)

Birthplace _____ (City and State or Country)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at 11 a.m. M.
on the date above stated. { Stillborn }

(Signature) H. W. Smyok

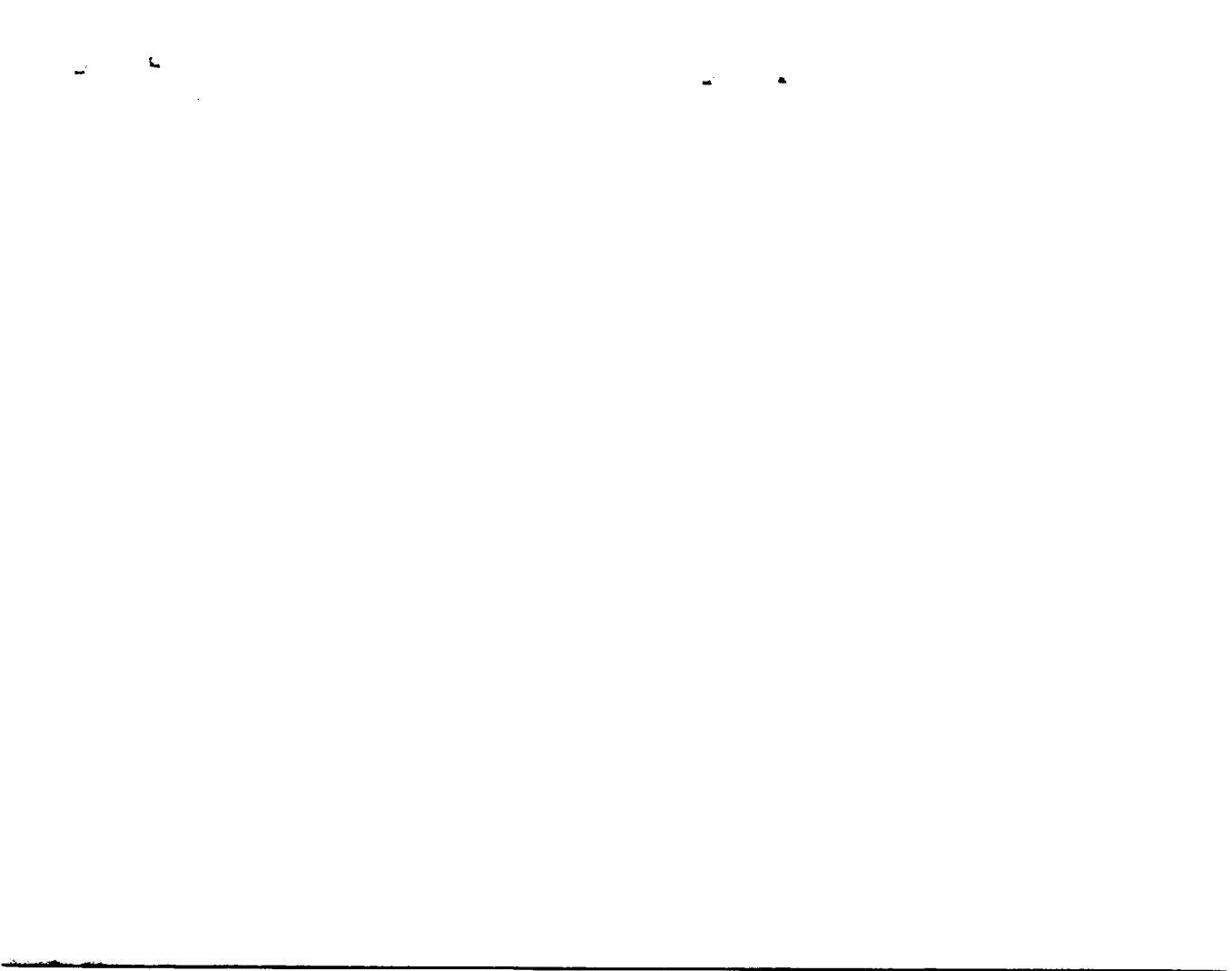
(Physician or midwife)

Address Harrison

Filed Jan 5 1932 H. W. Smyok

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 13 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai

City of Harrison

Registration District No. 126

Primary Registration District No. 2304

DO NOT WRITE IN THIS SPACE

State File No. 77539

Local Registrar's No. 26

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Still born

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) near Harrison (State or country)

10. NAME OF FATHER Richard E. Calavan

11. BIRTHPLACE OF FATHER (city or town) Sprague, Wash. (State or Country)

12. MAIDEN NAME OF MOTHER Bulah Irene Day

13. BIRTHPLACE OF MOTHER (city or town) — (State or Country)

14. Informant R. E. Calavan (Address)

15. Filed 1-5, 1932 W. J. Myock Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 5 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—, that I last saw h. — alive on —, 19—, and that death occurred, on the date stated above, at — m. The CAUSE OF DEATH* was as follows:

Still born
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? —

(Signed) W. J. Myock, M. D. Jan 5, 1932 (Address) Harrison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state the MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Harrison Date of Burial Jan. 6 1932

20. Undertaker — Address —

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 198816

1. PLACE OF BIRTH

County of Ada
City of Boise
No. 1617 N. 24th St.
Salvation Army
(If born in hospital or institution give name.)

Registration District No. 2 State File No. _____

Prim. Registration District No. 1004 Local Registrar's No. 61

2. FULL NAME OF CHILD

(Baby) Bernasconi

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? No. 8. Date of birth 1-25, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER ? 18. Full maiden name MOTHER Mary Ellen Bernasconi

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and state) Boise, Idaho

11. Color or race _____ 12. Age at last birthday _____ (years) 20. Color or race White 21. Age at last birthday 16 (years)

13. Birthplace (city or place) (State or country) _____ 22. Birthplace (city or place) (State or country) Boise, Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School girl

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, { months { 29. Cause of stillbirth _____ } Before labor _____ }
period of gestation _____ or weeks _____ } During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:52 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }
(Signed) Sutovsky _____, M. D.

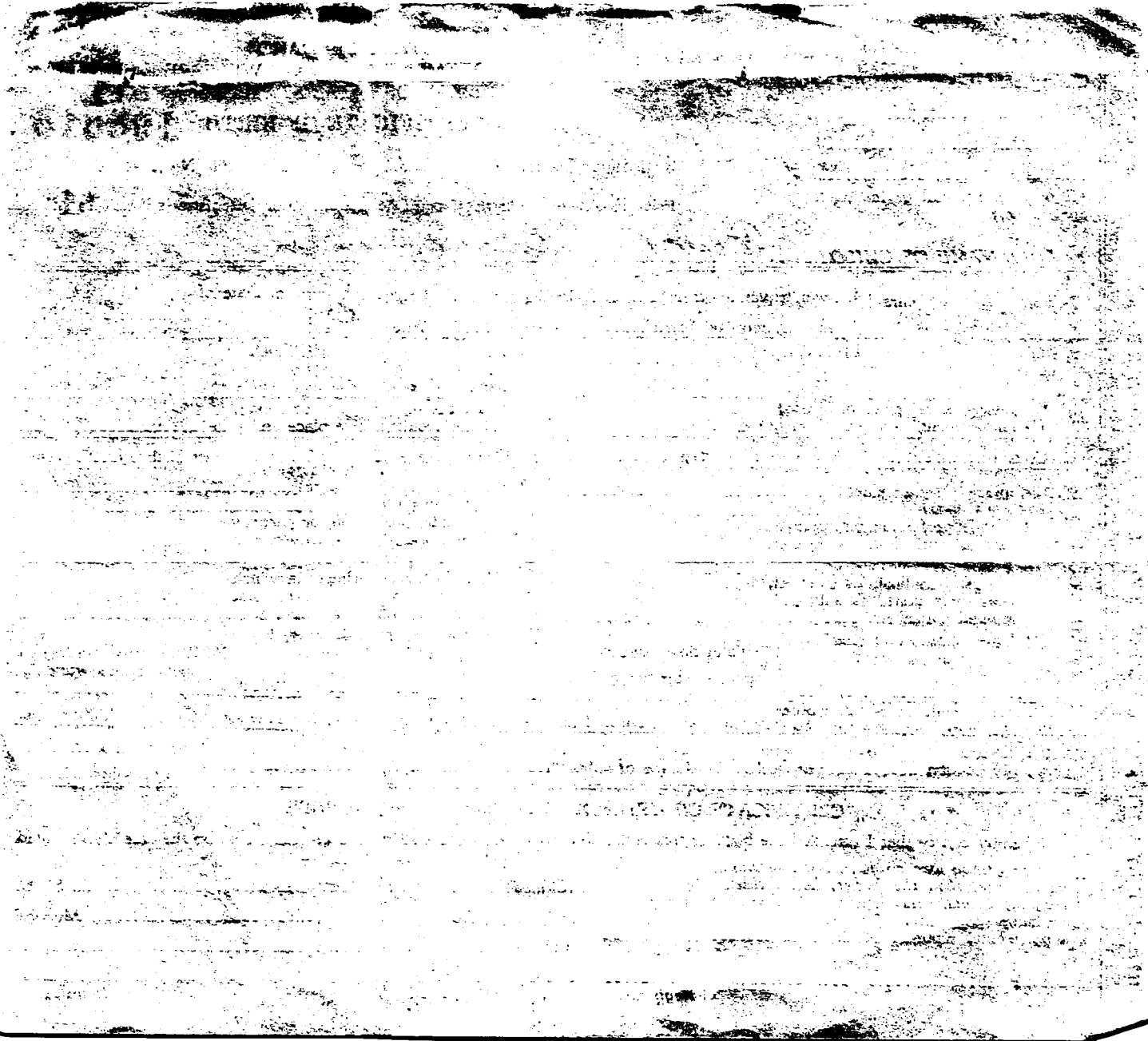
Give name added from _____ or _____, Midwife
a supplemental report _____

(DATE OF)

Address _____
Filed 1-26, 1932 W. H. Rhodes

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		State File No. <u>77793</u>	
City of <u>Boise.</u>					
Registration District No. <u>3</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>27</u>	
(No. <u>Salvation Army Rescue Home.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Bernasconi.</u>					
(a) Residence. No. <u>Boise, Idaho.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>January-25-1932</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
MOTHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)				
	13. NAME <u>Don't Know.</u>				
FATHER	14. BIRTHPLACE (city or town) _____ (State or country)				
	15. MAIDEN NAME <u>Mary Bernasconi.</u>				
	16. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)				
17. INFORMANT <u>Victor Bernasconi.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>manuscript</u> Date <u>1-26-32</u> 193 <u>2</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>1-27</u> , 193 <u>2</u> <u>W. W. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1/25/32</u> 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>2</u> , to _____, 193 <u>2</u> . I last saw him alive on <u>never</u> , 193 <u>2</u> ; death is said to have occurred on the date stated above, at <u>1:52 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Still born.</u> <u>Cause unknown.</u>					
Other contributory causes of importance: <u>Probably premature.</u> <u>Cause unknown.</u>					
Name of operation <u>none.</u> Date of <u>1-25-32</u>					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Seftorney</u> , M. D. (Address) <u>Boise, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. St. Anthony St.
Mercy Hosp

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **198857**

Registration District No. 28 State File No. **S**

Prim. Registration District No. 2161 Local Registrar's No. 632

2. FULL NAME OF CHILD Stillborn Fowler

3. Sex <u>Male</u> If plural births	4. Twin, triplet, or other	6. Premature <u>Y</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>1/24/32</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
5. Number, in order of birth		Full term		

9. Full name FATHER <u>Ross B Fowler</u>	18. Full maiden name MOTHER <u>LaVaugh Tolman</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Inkom, Ida</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Inkom, Ida</u>

11. Color or race <u>W</u>	12. Age at last birthday <u>32</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>26</u> (years)
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13. Birthplace (city or place) (State or country) <u>Lago, Idaho</u>	22. Birthplace (city or place) (State or country) <u>Chesterfield Ida</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H. W. 3</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>School</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
	16. Date (month and year) last engaged in this work <u>Present</u> <u>Dec. 29</u>		25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>29</u>
17. Total time (years) spent in this work <u>3 yrs</u>		26. Total time (years) spent in this work <u>7 yrs</u>	

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, period of gestation <u>7 1/2</u> months or weeks	29. Cause of stillbirth <u>Albuminuria</u>	Before labor	During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:25 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(When there was no attending physician, or midwife, then the father, householder, etc., should make this return.)
(Signed) F. D. Miller, M. D.
or _____, Midwife
Address Pocatello
Filed 1-31, 1932

Registrar.

ADJUTANT GENERAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		77814	
City of <u>Pocatello</u>		Registration District No. <u>22</u>		State File No. _____	
		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>238</u>	
		(No. <u>St. Anthony's Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Fowler</u>					
(a) Residence. No. <u>Pocatello, Idaho.</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 24, 1932</u>					
7. AGE Years <u>0</u>		Months <u>0</u>		Days <u>0</u>	
If LESS than 1 day, _____ hrs. or min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>			
		10. Date deceased last worked at this occupation (month and year) _____			
		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>					
MOTHER		13. NAME <u>R. B. Fowler</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Lago, Idaho.</u>			
		15. MAIDEN NAME <u>Lavaugh Tolman</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Chesterfield, Idaho.</u>			
17. INFORMANT <u>R. B. Fowler</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Inkom, Idaho.</u> Date <u>Jan. 25, 1932</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>Jan. 25, 1932</u> <u>D C Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan. 24, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h_____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>St. Anthony's Hospital</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>F. S. Miller</u> M. D.					
(Address) <u>Pocatello, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

231-121-009-419

1. PLACE OF BIRTH

County of Bonner
City of Sandpoint
No. 514 N. 2nd St.
Sage Hospital
(If born in hospital or institution give name.)

APR 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

198955

Registration District No. 78 State File No. S
Prim. Registration District No. 2155 Local Registrar's No. 17

2. FULL NAME OF CHILD

Infant Starr

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Legitimate? Yes 8. Date of birth 1/21, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Luther E. Starr 18. Full maiden name MOTHER Muriel Darrell

10. Residence (usual place of abode) (If non-resident, give place and State) Coatsville 19. Residence (usual place of abode) (If non-resident, give place and state) Coatsville

11. Color of race White 12. Age at last birthday 38 (years) 20. Color of race White 21. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or country) Missouri 22. Birthplace (city or place) (State or country) Virginia

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Sept. 1, 1931 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work Jan. 21, 1932 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn _____

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Placenta Praevia Before labor _____ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 P. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

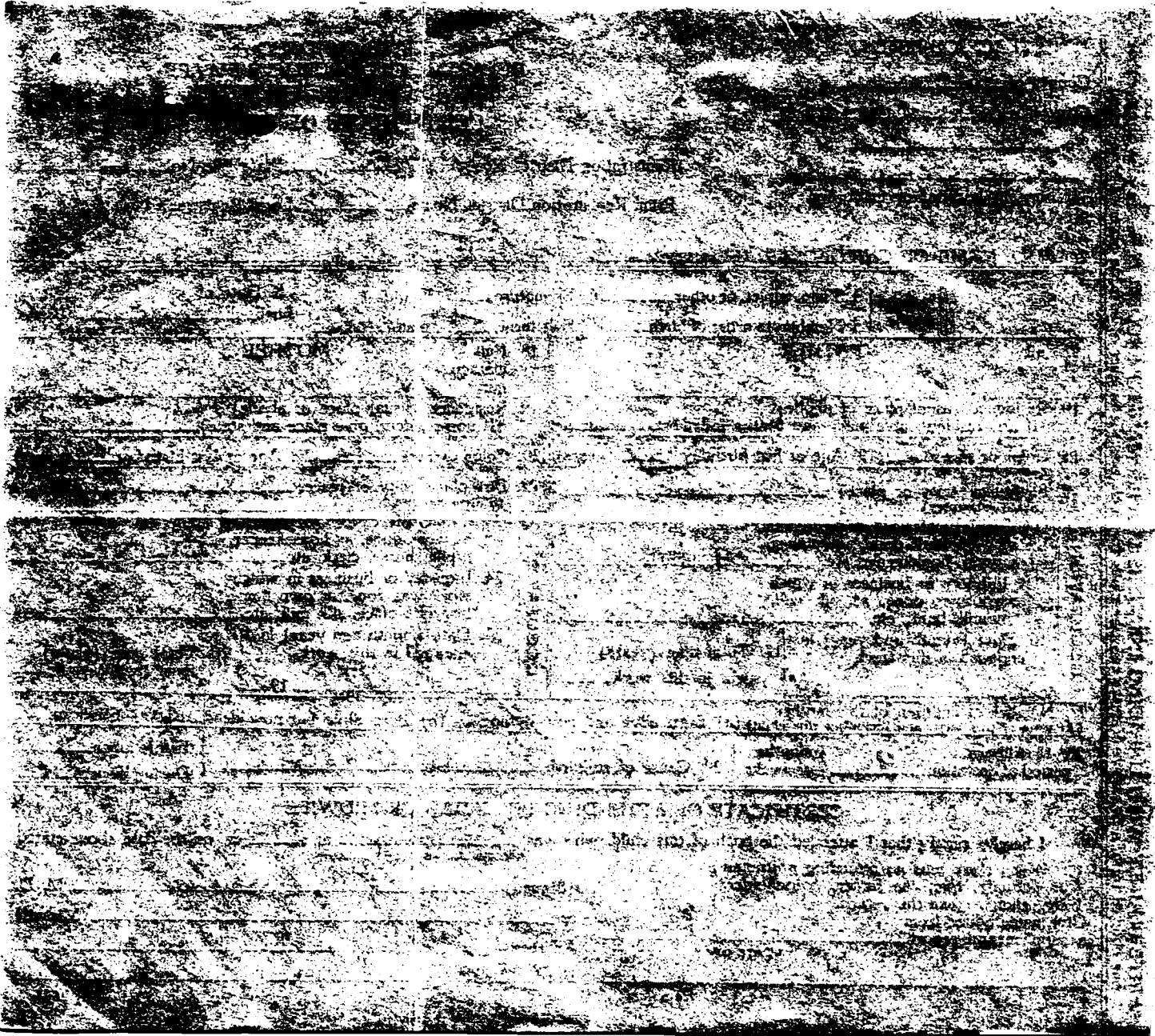
(Signed) Norm F. Tyler, M. D.

or _____, Midwife

Address Sandpoint Idaho

Filed Feb. 3, 1932 Viola Allen

Deputy Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		State File No. 77871	
PLACE OF DEATH County of <u>Bonner</u> City of <u>Sandpoint</u>		Registration District No. <u>78</u> Primary Registration District No. <u>2155</u> Local Registrar's No. <u>6</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.) (No. <u>Page Hospital</u>)			
2. FULL NAME <u>Infant Starr</u>			
(a) Residence. No. <u>Kootenai</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Jan 21, 1932</u>			
7. AGE <u>8</u> Years	Months _____	Days _____	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Sandpoint</u>			
MOTHER FATHER			
13. NAME <u>Luther Starr</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Wisconsin</u>			
15. MAIDEN NAME <u>Myrtle Darrell</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Illinois</u>			
17. INFORMANT <u>Luther Starr</u> (Address) <u>Kootenai</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Schuman Cemetery</u> Date <u>1/24</u> , 193 <u>2</u>			
19. UNDERTAKER <u>Turnbull</u> (Address) <u>Sandpoint Ida</u>			
20. FILED <u>Jan 23, 1932</u> <u>Viola Allen</u> <u>Deputy</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Jan 21, 1932</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 21</u> , 193 <u>2</u> , to <u>Jan 21</u> , 193 <u>2</u> . I last saw him alive on _____, 193 <u>2</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Mother had placenta praevia with hemorrhage</u> <u>(Fetus, died in utero)</u>			
Other contributory causes of importance: _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____ (Signed) <u>Wm. H. Tyler</u> , M.D. (Address) <u>Sandpoint Idaho</u>			

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner
City of Lincoln, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
RECEIVED FEB 16 1932
S198974

Registration District No. 73 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2140 Local Registrar's No. # 21

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legiti- mate? <u>yes</u>	Date of birth <u>Jan 3 1932</u> (Month) (Day) (Year)
-------------------------------	---------------------------------------	-----	--	--------------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0

Born alive but now dead. _____ Stillborn yes

FATHER FULL NAME <u>Emilio Talba</u>	MOTHER FULL MAIDEN NAME <u>Verna Armenta</u>
---	---

Residence (Usual place of abode) <u>Lincoln, Idaho</u>	Residence (Usual place of abode) <u>Lincoln, Idaho</u>
--	--

If non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>Mex</u> Age at last Birthday <u>26</u> (Years)	Color or race <u>Mex</u> Age at last Birthday <u>16</u> (Years)
--	--

Birthplace <u>Mex</u> (City and State or County)	Birthplace <u>Mex</u> (City and State or County)
---	---

Occupation <u>Laborer</u>	Occupation <u>Housewife</u>
---------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn Bonifacio at 4 P. M.
on the date above stated.

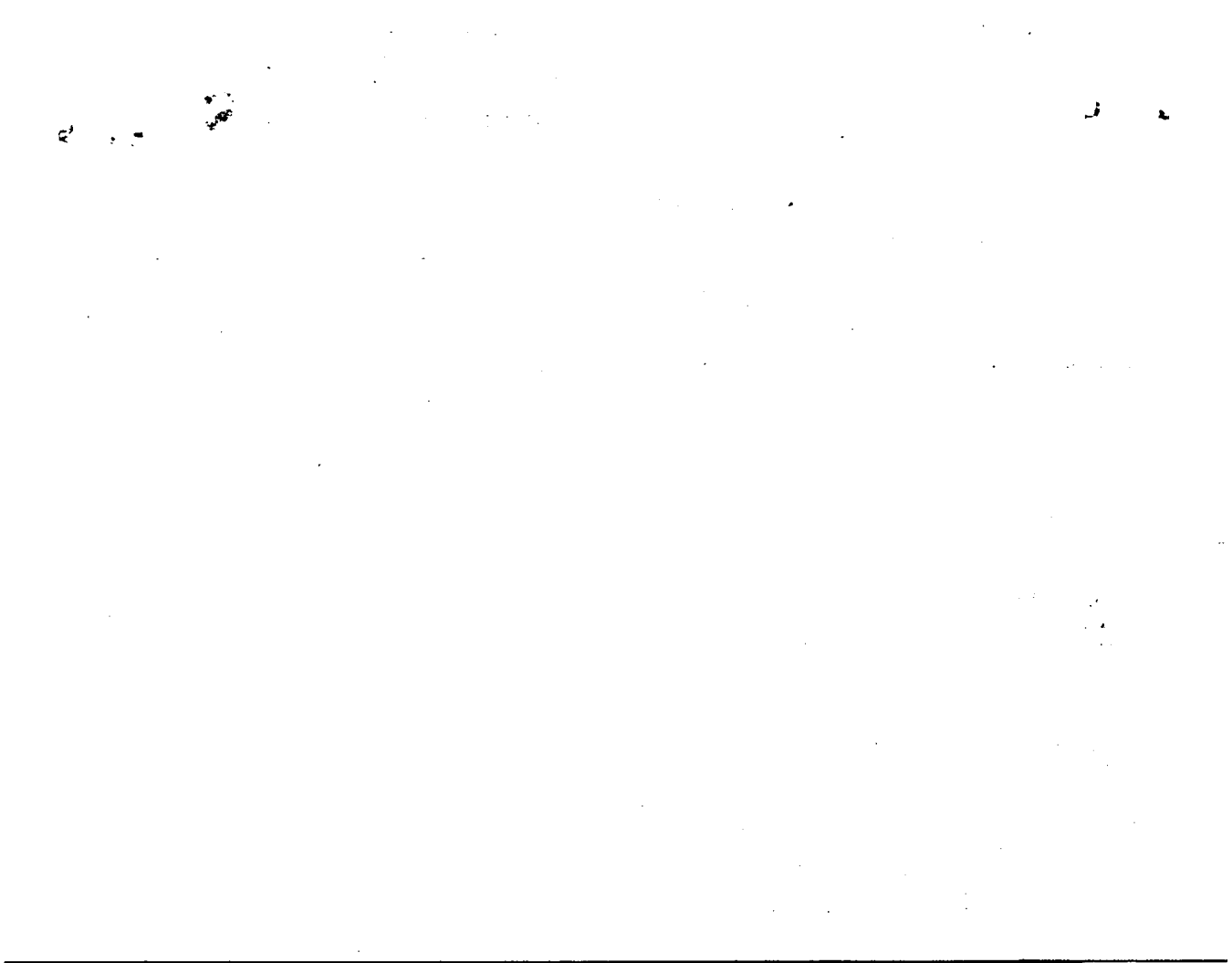
(Signature) R. P. Putton

(Physician or midwife)

Address Idaho Falls, Idaho

Filed 1/27 1932 W. W. Wainwright
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WHILE FLAINLY, WITH UNFAULING INN—LEIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE must be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77878

State File No.

PLACE OF DEATH

County of _____
City of Lincoln, Ida

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillbirth

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

mexican

☒ Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

If LESS than
1 day 0 hrs.
or 0 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Lincoln, Idaho

10 NAME OF FATHER

Emilio Talba

11 BIRTHPLACE OF FATHER (city or town) (State or country)

mexico

12 MAIDEN NAME OF MOTHER

Uerna Armenta

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

mexico

14 Informant

Emilio Talba

(Address)

Lincoln, Ida.

15 Filed

1/27, 1932

George J. J. J.
Registrar

16 DATE OF DEATH

January

3

1932

17 I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____.

that I last saw him alive on _____, 19____.

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Stillborn (about 6 mo.)
mother slipped on ice to
start labor.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed)

[Signature]

M. D.

1/3/32

at

(Address)

Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Lincoln, Ida.

Date of Burial

1 1932

20. Undertaker

None

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Salesman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia**; **Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29 ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicæmia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

855-1841810-553

RECEIVED FEB 16 1932

1. PLACE OF BIRTH

County of Bonanza
City of Bonanza
No. L.O.S. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

198988

S

Registration District No. 73 State File No. S

Prim. Registration District No. 2, 4, 12 Local Registrar's No. 11

2. FULL NAME OF CHILD

Claud D. Henry (boy)

3. Sex

Male

If plural
births

4. Twin, triplet, or other

two

6. Premature

yes

7. Legiti-

mate

8. Date of birth

Jan 4, 1932
(MONTH, DAY, YEAR)

9. Full name

FATHER

Henry, Claud D.

18. Full maiden name

MOTHER

Nelson, Sarah

10. Residence (usual place of abode)

(If non-resident, give place and State) Drummond

19. Residence (usual place of abode)

(If non-resident, give place and state) Drummond

11. Color or white

12. Age at last birthday

2 (years)

20. Color or white

21. Age at last birthday

21 (years)

13. Birthplace (city or place) Roseland, Neb
(State or country)

22. Birthplace (city or place) Liberty, Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

at present, 1932

32

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

December 1931

31

27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 0

(b) Born alive but now dead 0

(c) Stillborn 2

28. If stillborn, period of gestation 9 mo. months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 4:18 m. on the date above stated.

(STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) Edith E. Jones, M. D.

Address 210 S. Jones St.

Filed Jan 14, 1932

Registrar.

Registrar.

MEMORANDUM FOR THE DIRECTOR

TO : DIRECTOR, FBI

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

MEMORANDUM FOR THE DIRECTOR

TO : DIRECTOR, FBI

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77751

PLACE OF DEATH

County of BonnevilleCity of Idaho FallsRegistration District No. 13Primary Registration District No. 21.1.1.0Local Registrar's No. 247

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Claud D. Henry(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 4 - 19327. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Bonneville13. NAME Claud D. Henry Sr.14. BIRTHPLACE (city or town) Roseburg
(State or country) neb.15. MAIDEN NAME Sarah Nelson16. BIRTHPLACE (city or town) Liberty
(State or country) Idaho17. INFORMANT (Address) Claud D. Henry Sr.
Idaho Falls18. BURIAL, CREMATION, OR REMOVAL
Place Ashland Date Jan 5, 193219. UNDERTAKER (Address) none20. FILED Jan 4, 1932 Dr. Wm. Kennard
Registrar.Gertrude Blair

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/4 193 2

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 4, 1932, to Jan. 4, 1932.I last saw him alive on Jan. 4, 1932; death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

StillbornStillbornStillbornStillborn

Other contributory causes of importance:

Heart diseasemotherName of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193 2.Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Dr. Wm. Kennard, M. D.(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

855-2041010-553

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

198989

S

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 2018 St.

Registration District No. 73 State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. 2140 Local Registrar's No. 12

2. FULL NAME OF CHILD Leticia June Henry (girl)

3. Sex Female 4. Twin, triplet, or other twins 5. Number, in order of birth 1st 6. Premature yes 7. Legitimate yes 8. Date of birth Jan 4, 1932
(MONTH, DAY, YEAR)

9. Full name of FATHER Henry, Claude D
10. Residence (usual place of abode) Drummond
(If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 44 (years)
13. Birthplace (city or place) Roseland, Neb.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work at present, 1932
17. Total time (years) spent in this work at present

18. Full maiden name of MOTHER Nelson, Sarah
19. Residence (usual place of abode) Drummond
(If non-resident, give place and state)
20. Color or race white 21. Age at last birthday 35 (years)
22. Birthplace (city or place) Liberty, Idaho
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work November, 1932
26. Total time (years) spent in this work at present

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:00 p. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. C. J. ..., M. D.

Address Dr. C. J. ...

Filed Jan 14, 1932

Give name added from a supplemental report

(DATE OF)

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140

State File No. 77756

Local Registrar's No. 246

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME June Henry
(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Idaho Falls, Id.
(State or country) County - Bonneville

13. NAME Cloud D. Henry, Sr.

14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

15. MAIDEN NAME Sarah Nelson

16. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

17. INFORMANT (Address) Cloud D. Henry, Sr.
Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Jan 5, 1932

19. UNDERTAKER (Address) none

20. FILED Jan 4, 1932 Dr. Wm. Kennard
Registrar. Arthur E. Blair

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____

Jan 4, 1932, to Jan 4, 1932

I last saw her alive on Jan 4, 1932; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Heart disease
mother

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Arthur E. Blair M. D.

(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED FEB 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 198998

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls, IdahoNo. _____ St.
L.D.S. Hospital(If born in hospital or institution
give name.)Registration District No. 73 State File No. _____Prim. Registration District No. 2150 Local Registrar's No. 242. FULL NAME OF CHILD Stillbirth3. Sex Female If plural births { 4. Twin, triplet, or other ✓ 6. Premature ✓ 7. Legiti-
Full term Yes mate? Yes 8. Date of birth Jan. 25, 1932
(MONTH, DAY, YEAR)9. Full name FATHER
Robert Lewis Kerr10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho Falls11. Color or race White 12. Age at last birthday 43 (years)13. Birthplace (city or place) Payson, Utah
(State or country)14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Plumber15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. A. A. Smith Co.16. Date (month and year) last
engaged in this work Last week, 1932
17. Total time (years) 9
spent in this work18. Full maiden name MOTHER
Ethel M. Wilson19. Residence (usual place of abode)
(If non-resident, give place and state) Idaho Falls20. Color or race White 21. Age at last birthday 42 (years)22. Birthplace (city or place) New Zealand
(State or country)23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work at present, 1932
26. Total time (years) 22
spent in this work27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 128. If stillborn, { months { 29. Cause of stillbirth Neurosis of Placenta { Before labor Yes
period of gestation Full Term or weeks { During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:58 a. on the date above stated.
(BORN ALIVE OR STILLBORN)

(Signed) _____, M. D.

or _____, Midwife

Address Idaho Falls, IdahoFiled 1/26, 1932 _____ Registrar.

Registrar.

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Give name added from
a supplemental report _____

(DATE OF)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

2

[The page contains several columns of text that are extremely faded and illegible. The text appears to be organized into a table or form with multiple rows and columns. Some faint words and numbers are visible, but the overall content cannot be transcribed accurately.]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

DEPARTMENT OF PUBLIC WELFARE

Registration District No. 73Primary Registration District No. 1-0

(No. _____) (St. _____)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSState File No. 77879Local Registrar's No. 12

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

January 25 1932
(Month) (Day) (Year)

7. AGE

Stillbirth

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

Robert Louis Kerr

11. BIRTHPLACE OF FATHER

(State or Country)

Bayport, Utah

12. MAIDEN NAME OF MOTHER

Othel Wilson

13. BIRTHPLACE OF MOTHER

(State or Country)

New Zealand

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

1/2619 32

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 25 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1932 to Jan 25 1932, that I last saw him is dead alive on Jan 25 1932 and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Infected placenta
chance?

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary)

(Duration) _____ yrs. 3 mos. _____ ds.

(Signed)

M. D.1/25/32 (Address)

* State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted
if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cremation at1/26 1932

20. UNDERTAKER

ADDRESS

P.S.S. HospitalIdaho Falls, Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

55-120-101-339
1. PLACE OF BIRTH
County of Parryson
City of Parma
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 199033

Registration District No. 3 State File No. S

Prim. Registration District No. 2007 Local Registrar's No. 3

2. FULL NAME OF CHILD Clurding Baby Evans

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan 22</u> , 1932 (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Ralph Evans</u>	FATHER	18. Full maiden name <u>Married Clurding</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma, N.D.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma, N.D.</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>32</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>32</u> (years)

13. Birthplace (city or place) (State or country) <u>Pa</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work <u>Jan 20</u> , 1932	17. Total time (years) spent in this work <u>24</u>
	18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>HW</u>	20. Date (month and year) last engaged in this work _____	21. Total time (years) spent in this work _____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation { months _____ or weeks _____ } Before labor _____ During labor _____

29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6 a m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) J. J. Garayun M.D., M. D.

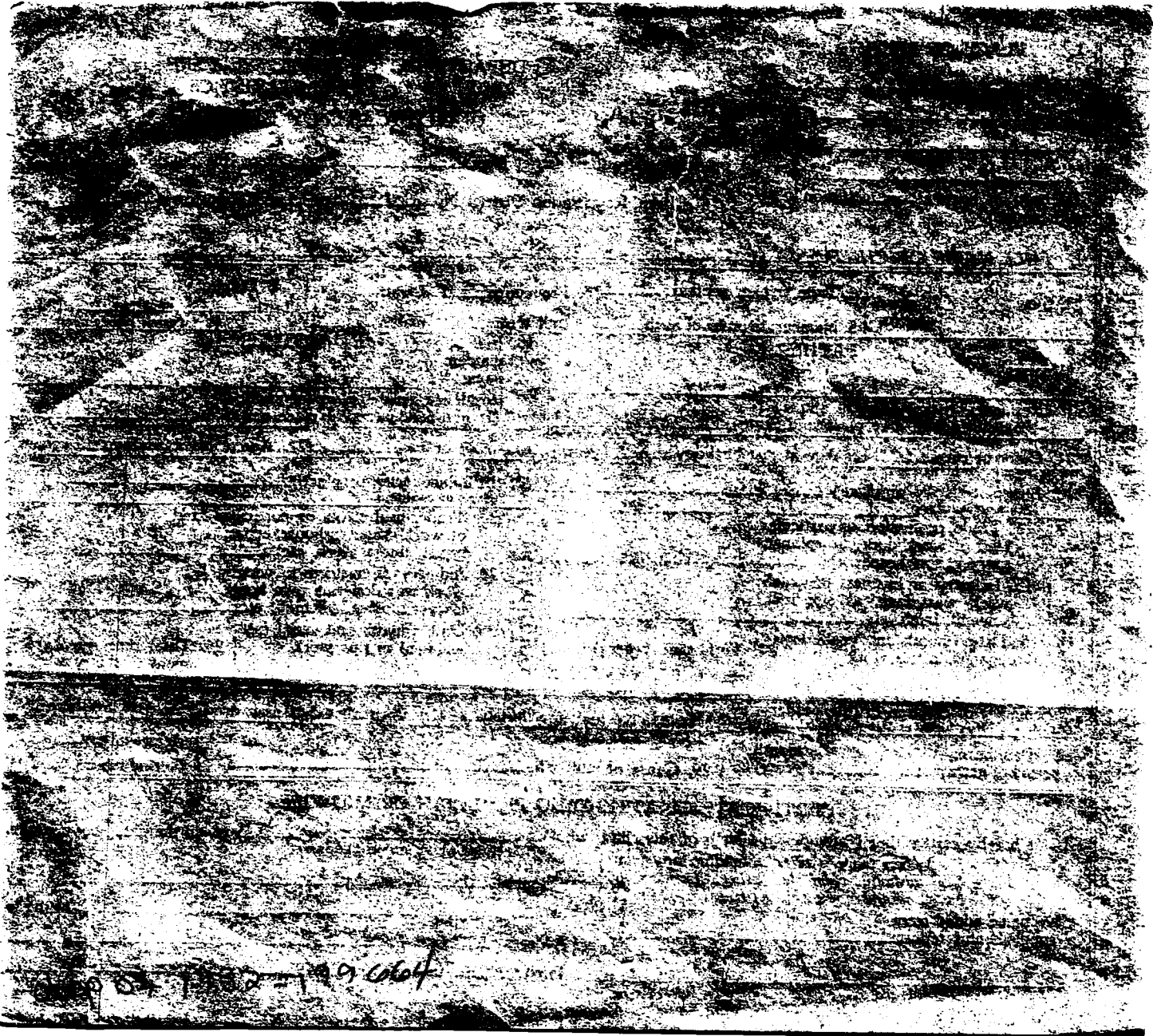
or _____, Midwife

Address Superior One

Filed Jan 11, 1932 John Hollings

Registrar.

Registrar.



1964

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE		
PLACE OF DEATH		77917 State File No. _____		
County of <u>Canyon</u>		Local Registrar's No. <u>1</u> <u>206</u>		
City of <u>Parma</u>				
Registration District No. <u>8</u> Primary Registration District No. <u>2127</u>				
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)				
2. FULL NAME <u>Cluding Baby Evans</u>				
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)				
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>s</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (month, day, and year) <u>Jan 20 1932</u>				
7. AGE	Years	Months	Days	
	<u>0</u>	<u>0</u>	<u>0</u>	
If LESS than 1 day, _____ hrs. or min.				
OCCUPATION				
				8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>
				9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>
				10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>				
12. BIRTHPLACE (city or town) <u>Parma</u> (State or country) <u>Ida</u>				
MOTHER FATHER				
				13. NAME <u>Ralph Evans</u>
				14. BIRTHPLACE (city or town) <u>Ida</u> (State or country)
				15. MAIDEN NAME <u>Winnifred Cluding</u>
16. BIRTHPLACE (city or town) <u>Ida</u> (State or country)				
17. INFORMANT <u>Mrs Ralph Evans</u> (Address) <u>Parma Ida</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Parma</u> Date <u>Jan 21, 1932</u>				
19. UNDERTAKER <u>None</u> (Address)				
20. FILED <u>Jan 1, 1932</u> <u>Lulu Woodruff</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>Jan 20 1932</u>				
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>Jan 17, 1932</u> , to _____, 1932. I last saw him alive on <u>Steel Barre</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Abnormal Card</u> <u>mother impaired health</u> <u>uterine adhesions</u>				
Other contributory causes of importance: _____				
Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? <u>Chambers</u> Was there an autopsy? <u>no</u>				
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____				
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>W. H. Hargrave</u> , M. D. (Address) <u>Parma Ore</u>				

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

281-211014-455
PLACE OF BIRTH

County of Canyon
City of Caldwell
No. Mem Park St.
Hospital

(If born in hospital or institution give name.)

FULL NAME OF CHILD Shirley Lorraine Sharp
(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED FEB 11 1932

CERTIFICATE OF BIRTH
199042

Registration District No. 3 State File No. 9S

Prim. Registration District No. 1000 Local Registrar's No. 9S

Sex of Child <u>Fem.</u>	Twin Triplet or other? <u></u>	{ and } Number in order of birth <u></u>	Legitimate? <u>Yes</u>	Date of birth <u>Jan. 11, 1932</u> (Month) (Day) (Year)
--------------------------	--------------------------------	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

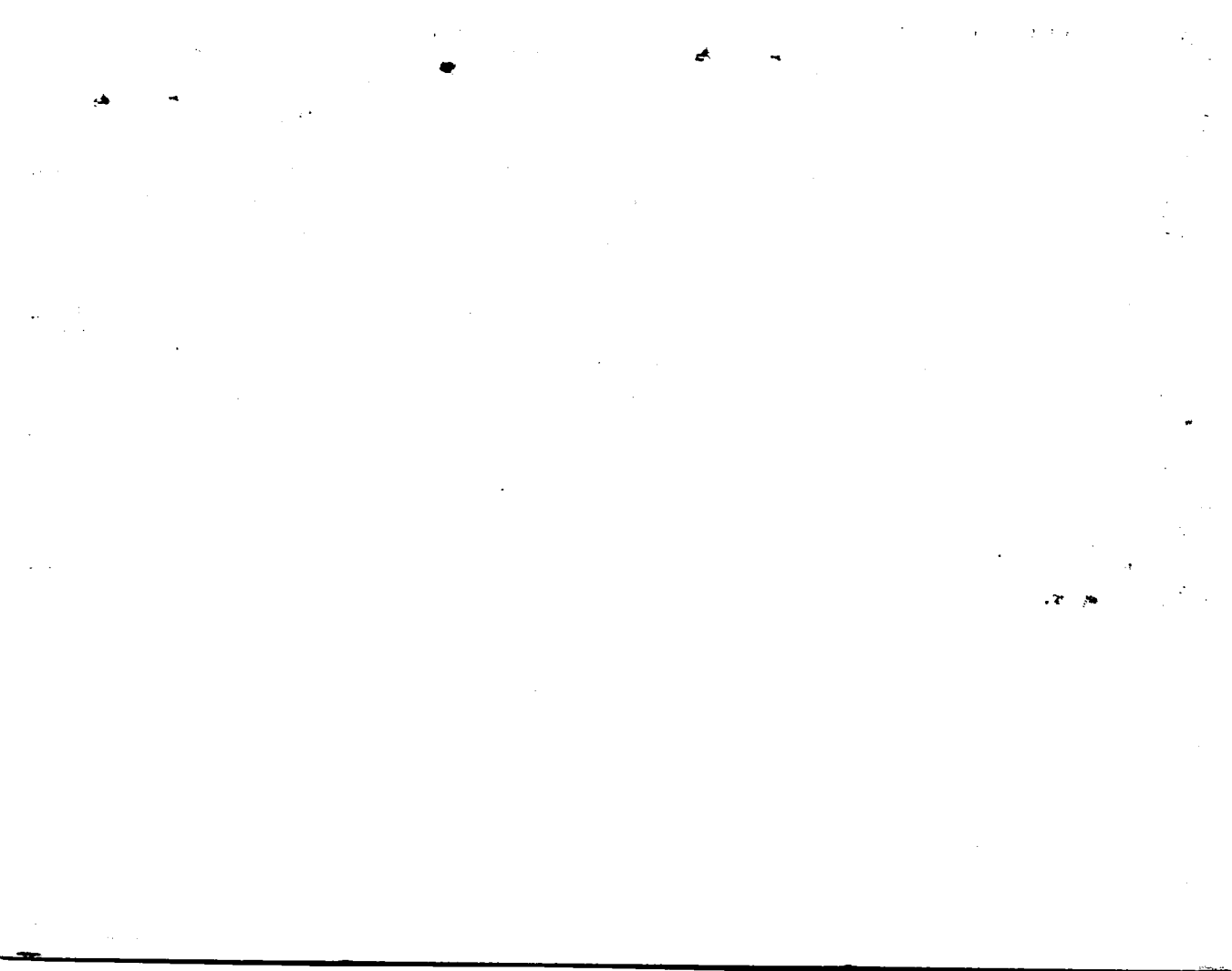
FATHER FULL NAME <u>Clem. Sharp</u> Residence (Usual place of abode) <u>Caldwell</u> If non-resident, give place and State <u></u> Color or race <u>W.</u> Age at last Birthday <u>30</u> (Years) Birthplace <u>Caldwell, Ida</u> (City and State or County) Occupation <u>Book Keeper</u>	MOTHER FULL MAIDEN NAME <u>Alma Dero</u> Residence (Usual place of abode) <u>Caldwell</u> If non-resident, give place and State <u></u> Color or race <u>W.</u> Age at last Birthday <u>29</u> (Years) Birthplace <u>Caldwell, Ida</u> (City and State or County) Occupation <u>Housewife</u>
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 30 a.m. on the date above stated.
(Signature) David E. Brisch

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Caldwell, Idaho
Filed 1-14-32 John M. Meyer Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 11 1932
WRITE IN THIS SPACE
77903
State File No. _____

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1005
(No. _____)
Local Registrar's No. 3

2. FULL NAME Shirley Loraine Shorb
(If death occurred in a hospital or institution, give its name instead of street and number.)
(a) Residence No. 919 Dearborn, St. _____
(Usual place of abode.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Jan 11 - 1932
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, hrs. or min. _____
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

10. NAME OF FATHER Clem Shorb

11. BIRTHPLACE OF FATHER (city or town) Caldwell
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Alma Deeno

13. BIRTHPLACE OF MOTHER (city or town) Caldwell
(State or Country) Idaho

14. Informant (Address) John Meyer, 919 Dearborn

15. Filed 1-15-, 1932. John Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 11, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932, to Jan 11, 1932
that I last saw him alive on Nov, 19____

and that death occurred, on the date stated above, at 9:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Still Born

(duration) yrs. mos. ds.
CONTRIBUTORY Perch. Presentation
(Secondary)

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) David E. Barnes, M.D.
Jan 11, 1932 (Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial 1-12 1932

20. Undertaker C. V. Dickham Address Caldwell Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

113-175-1018-819

1. PLACE OF BIRTH

County of Clearwater
City of Orono

No. Orono Hospital St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

unnamed Baby Jacobson

3. Sex

Male

If plural
births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

7. Legiti-

8. Date of

birth 1-15, 1932
(MONTH, DAY, YEAR)

9. Full

name

FATHER

Jaacim Jacobson

10. Residence (usual place of abode)

(If non-resident, give place and State) Wesippe

11. Color or race W

12. Age at last birthday 4 1/2 (years)

13. Birthplace (city or place)

(State or country)

N. Dakota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Farm

16. Date (month and year) last engaged in this work

at present

17. Total time (years)

spent in this work 13

18. Full

maiden
name

MOTHER

Maud Hart

19. Residence (usual place of abode)

(If non-resident, give place and state) Wesippe

20. Color or race W

21. Age at last birthday 4 1/2 (years)

22. Birthplace (city or place)

(State or country)

Colorado

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Home

25. Date (month and year) last engaged in this work

at present

26. Total time (years)

spent in this work 25 1/2

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn

28. If stillborn,

period of gestation 9 months months or weeks

29. Cause of stillbirth

Twins of Cord

Before labor yes

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:00 p.m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report

(DATE OF)

Registrar.

(Signed)

W. J. Hoffmans.

M. D.

or

Midwife

Address

Orono, Idaho

Filed

Jan 24, 193

24

Registrar.

15

Abstract

SECRET

1944-45

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[illegible][illegible]

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE DISTRICT OF COLUMBIA

25 - Samples of 1st Year 2000

Exhibit A

60729

主編：王仲良、張國華、陳其南

CONFIDENTIAL

(continued)

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77932**

PLACE OF DEATH

County of Clearwater
City of Haft

Registration District No. 20

Primary Registration District No. 2157

Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Unmarried baby Jacobson

(a) Residence. No. Haft, Idaho St.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 1/15/32

7 AGE Years Months Days If LESS than 1 day, hrs. min.
0 0 0 1 0

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) Aspen, Idaho
(State or country)

10 NAME OF FATHER Jaime Jacobson

11 BIRTHPLACE OF FATHER (city or town) St. Dakota
(State or country)

12 MAIDEN NAME OF MOTHER Maud Hunt

13 BIRTHPLACE OF MOTHER (city or town) Spencer
(State or country)

14 Informant Mrs. Jacobson
(Address) Haft

15 Filed Jan 26, 19 1932
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 15 19 32
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
that I last saw h_____ alive on _____, 19____.
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Bull bow

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Torn aortic intracranial
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. J. Hopfner, M. D.
1/26, 19 32 (Address) Aspen, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Haft, Ida Date of Burial Jan 15 19 32
20. Undertaker Haft Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin
City of Winston
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 199104

Registration District No. 27 State File No. _____
Prim. Registration District No. 2118 Local Registrar's No. 20

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth _____	Legiti- mate? <u>Yes</u>	Date of birth <u>January 18</u> 19 <u>32</u> (Month) (Day) (Year)
----------------------------	---	-------	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 4 (a) Born alive and now living 3

Born alive but now dead. _____ Stillborn 1

FATHER		MOTHER	
FULL NAME <u>Wm. J. Tanner</u>	FULL MAIDEN NAME <u>Ruby Jensen</u>		
Residence (Usual place of abode) <u>Winston, Idaho</u>	Residence (Usual place of abode) <u>Winston, Idaho</u>		
If non-resident, give place and State _____	If non-resident, give place and State _____		
Color or race <u>White</u> Age at last Birthday <u>35</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>32</u> (Years)		
Birthplace <u>North Powder, Oregon</u> (City and State or County)	Birthplace <u>Winston, Idaho</u> (City and State or County)		
Occupation <u>Farmer</u>	Occupation <u>Domestic</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at P. M. on the date above stated.

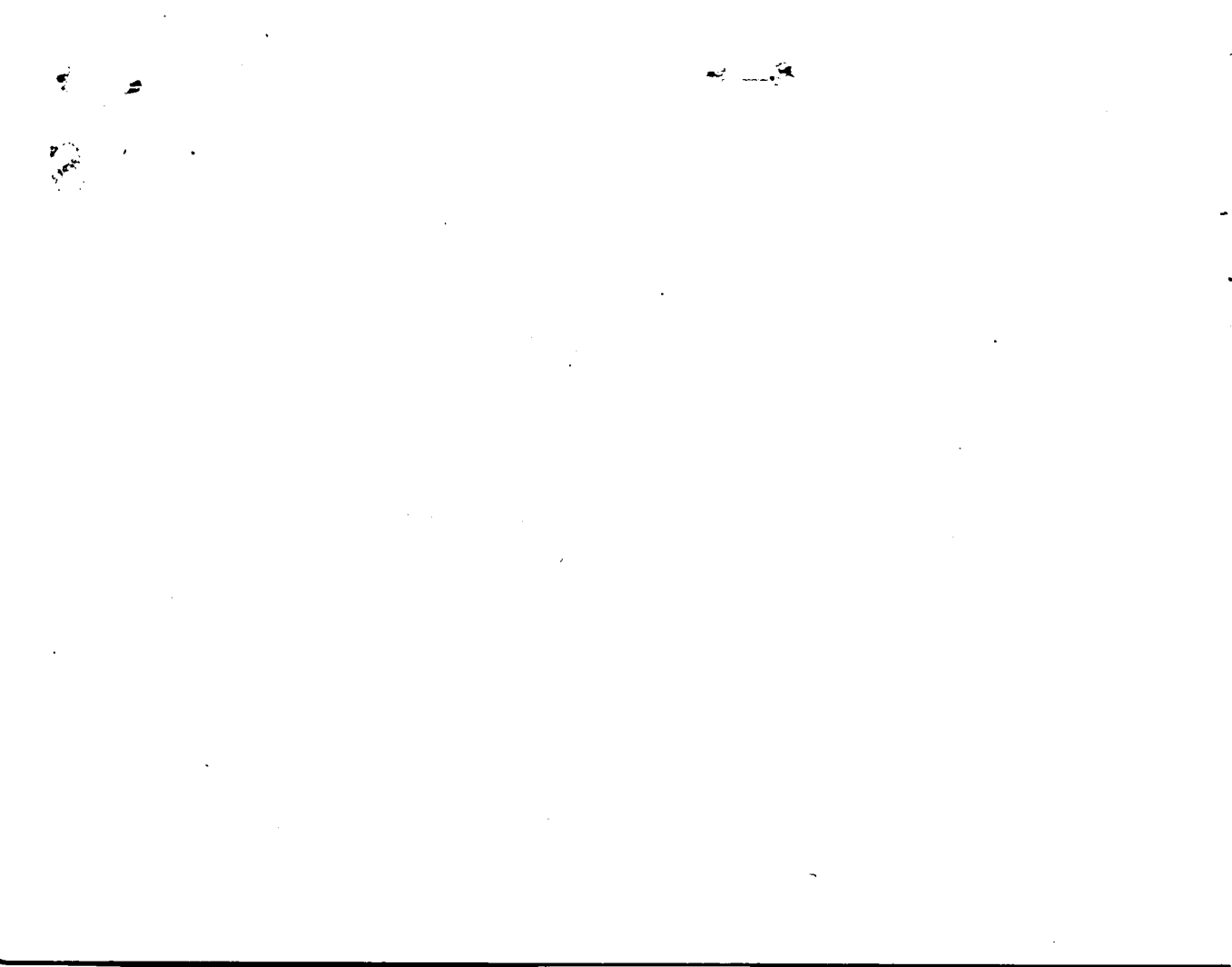
(Signature) H. R. M. [Signature]

Physician
(Physician or midwife)

Address Logan, Idaho

Filed Feb 8 1932 C. W. States
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. 77942	
County of <u>Franklin</u>		Registration District No. <u>27</u>		Local Registrar's No. <u>3</u>	
City of <u>Weston</u>		Primary Registration District No. <u>2119</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>BABY TANNER</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan 18 1932</u>					
7. AGE Years		Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>NONE</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation <u>0</u>					
12. BIRTHPLACE (city or town) <u>Weston Idaho</u> (State or country)					
MOTHER FATHER	13. NAME <u>Wm. J. Tanner</u>				
	14. BIRTHPLACE (city or town) <u>Oregon</u> (State or country)				
	15. MAIDEN NAME <u>Ruby Jenden</u>				
	16. BIRTHPLACE (city or town) <u>Weston Idaho</u> (State or country)				
17. INFORMANT <u>Wm. J. Tanner</u> (Address) <u>Weston Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Weston Idaho</u> Date <u>Jan 20 1932</u> <u>M. Hendricks</u>					
19. UNDERTAKER <u>Preston Idaho</u> (Address)					
20. FILED <u>Feb 8 1932</u> <u>D. G. W. States</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan 18 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 18</u> , 1932, to _____, 1932.					
I last saw him alive on _____, 1932: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Strep Bact</u>					
Other contributory causes of importance: <u>Premature birth (one month)</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>H. R. McSwain</u> , M.D. (Address) <u>Logan ut</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The mother is suffering from an attack of influenza which probably caused the death of the baby and its premature delivery.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

863-227-022-719
1. PLACE OF BIRTH
County of Tremont
City of St. Anthony
No. _____ St. _____

RECEIVED FEB 5 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 199124

Registration District No. 99 State File No. _____
Prim. Registration District No. 2177 Local Registrar's No. 1242

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other <u>1</u>	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Jan. 27, 1932</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth <u>3</u>	Full term <u>Yes</u>		
9. Full name FATHER <u>Robert Bruce Holbrook</u>			18. Full maiden name MOTHER <u>Joan Hazel Garver</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony</u>		
11. Color or race <u>W.</u>		12. Age at last birthday <u>31</u> (years)	20. Color or race <u>W.</u>		21. Age at last birthday <u>26</u> (years)
13. Birthplace (city or place) <u>Porter, Ida.</u> (State or country)			22. Birthplace (city or place) <u>St. Anthony, Ida.</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>-</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>-</u>	
	16. Date (month and year) last engaged in this work <u>1929</u>			25. Date (month and year) last engaged in this work <u>1929</u>	
17. Total time (years) spent in this work <u>1</u>			26. Total time (years) spent in this work <u>1</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>8</u> months or weeks <u>or weeks</u>					
29. Cause of stillbirth <u>Premature</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 4:15 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) P. M. Kelly, M. D.

Give name added from a supplemental report _____
(DATE OF)

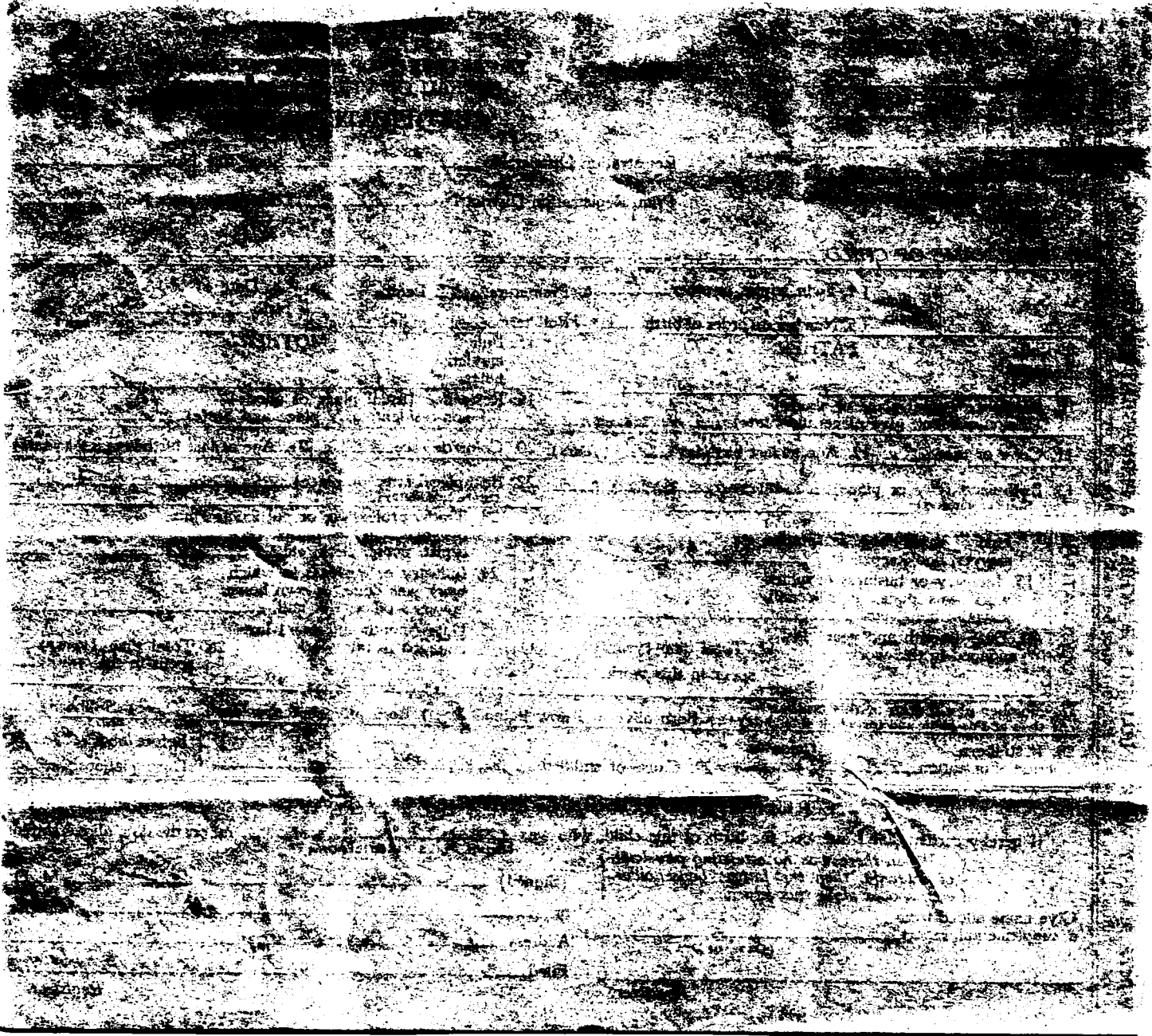
or _____, Midwife

Address St. Anthony, Ida.

Filed 2/2, 1932 Arvidson

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Fremont</u>		CERTIFICATE OF DEATH		State File No. <u>77952</u>	
City of <u>St. Anthony</u>		Registration District No. <u>99</u>		Local Registrar's No. <u>409</u>	
		Primary Registration District No. <u>2177</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Holbrook</u>					
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>0</u>	<u>-</u>	<u>-</u>	<u>-</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>				
	10. Date deceased last worked at this occupation (month and year)				
FATHER	11. Total time (years) spent in this occupation <u>-</u>				
	12. BIRTHPLACE (city or town) (State or country) <u>St. Anthony Idaho</u>				
MOTHER	13. NAME <u>Robert B. Holbrook</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Parker, Idaho</u>				
	15. MAIDEN NAME <u>Ira Hazel Garner</u>				
16. BIRTHPLACE (city or town) (State or country) <u>St. Anthony Idaho</u>					
17. INFORMANT (Address) <u>Robert B. Holbrook</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Parker</u> Date <u>Jan 27, 1932</u>					
19. UNDERTAKER (Address) <u>none</u>					
20. FILED <u>Jan 27, 1932</u> <u>2</u> <u>combs</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 27, 1932</u> to <u>Jan 27, 1932</u>					
I last saw her alive on <u>Jan 27, 1932</u> ; death is said to have occurred on the date stated above, at <u>4:20 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Premature Birth</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193 <u>2</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
no If so, specify					
(Signed) <u>P. M. Kelly</u> M. D.					
(Address) <u>St. Anthony, Idaho</u>					

161 a

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Premonts
City of Chester
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF DELAWARE
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 199125

Registration District No. 99 State File No. _____
Prim. Registration District No. 2177 Local Registrar's No. 1241

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other <u>1</u>	6. Premature <u>no</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Jan. 23, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Joseph Sylvester Howard</u>	FATHER		18. Full maiden name <u>Veneda Mae Maynor</u>		MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Chester</u>	5. Number, in order of birth <u>8</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Chester</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race <u>W</u>		21. Age at last birthday <u>34</u> (years)	
13. Birthplace (city or place) (State or country) <u>Wilford, Ida</u>	22. Birthplace (city or place) (State or country) <u>Idaho</u>				
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Quilt fabric</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>L</u> 16. Date (month and year) last engaged in this work <u>L</u> , 19__	17. Total time (years) spent in this work <u>L</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>L</u> 25. Date (month and year) last engaged in this work <u>L</u> , 19__	26. Total time (years) spent in this work <u>L</u>	
	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>2</u>				
	28. If stillborn, period of gestation <u>L</u> { months or weeks <u>1</u>			29. Cause of stillbirth <u>Hemorrhagic monster</u> { Before labor <u>yes</u> During labor <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 2:20 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) P. M. Kelly, M. D.

or _____ Midwife

Give name added from a supplemental report _____

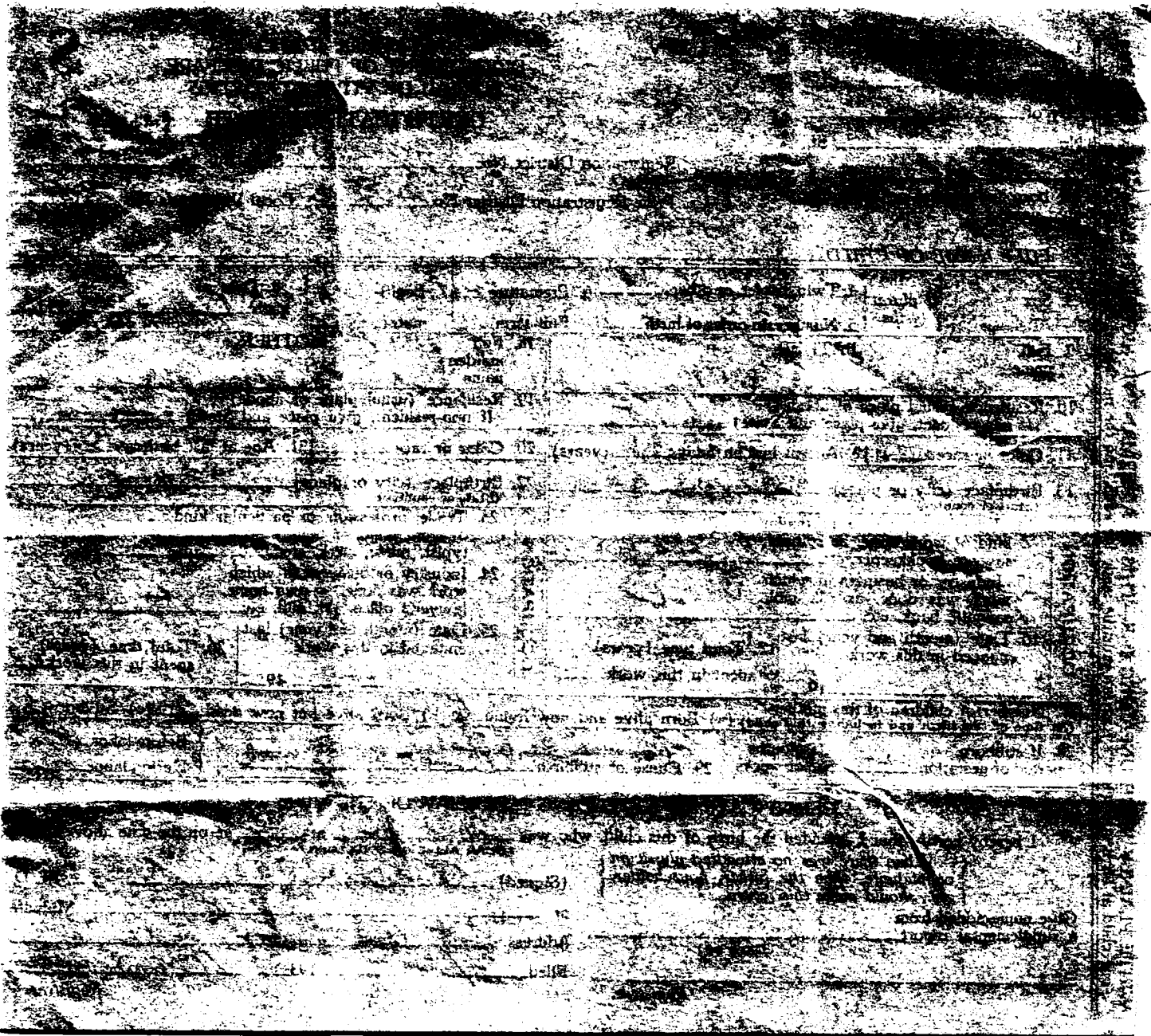
(DATE OF)

Address St. Anthony, Idaho

Filed 2/2, 1932, W. H. House

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-223-023-128

PLACE OF BIRTH

County of Idaho
City of Emmett
No. _____ St. _____

(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
199150

Registration District No. 6 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>1 - 23 - 1932</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? 0

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER
FULL NAME Charles Herbert King
Residence (Usual place of abode) Emmett
If nonresident, give place and State _____
Color or race white Age at last Birthday 35
(Years)
Birthplace mo
(City and State or Country)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Veda Ashley
Residence (Usual place of abode) Emmett
If nonresident, give place and State _____
Color or race white Age at last Birthday 18
(Years)
Birthplace Rexha Ida
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 8 20 a M.
on the date above stated.

(Signature) B. W. Cummings

(Physician or midwife)

Address Emmett Ida

Filed 2-2 1932 J. H. Reynolds
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

✓

RECORD LINK—THIS IS A PERMANENT RECORD

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 3 1932

DO NOT WRITE IN THIS SPACE

77959

State File No.

PLACE OF DEATH

County of Ben
City of Emmett

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jean Marie King

(a) Residence No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 23-1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
New Born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

10. NAME OF FATHER Charles H. King

11. BIRTHPLACE OF FATHER (city or town) Mo
(State or Country)

12. MAIDEN NAME OF MOTHER Eda Dorothy Ashley

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Charles H King
(Address) Emmett Idaho

15. Filed 1/23, 1932 J. R. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 23 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932, to Jan 23, 1932, that I last saw him alive on Jan 23, 1932, and that death occurred, on the date stated above, at Emmett m. The CAUSE OF DEATH* was as follows:

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ben A. ... M. D.

1/23, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmett Ida Date of Burial 1/24 1932

20. Undertaker W. Buckner Address Emmett Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

133 114 024 319
PLACE OF BIRTH

County of Gooding
City of Gooding

No. Gooding Co. Reg. St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 24 State File No. S 199159

Prim. Registration District No. 6 Local Registrar's No. 6

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>no</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>Jan 14</u> 19 <u>32</u>
					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? no

Number of child of this mother, including present birth 2 (a) Born alive and now living no

Born alive but now dead no Stillborn 2

FATHER FULL NAME <u>Lewis Allen</u>	MOTHER FULL MAIDEN NAME <u>Grace Carpenter</u>
--	---

Residence (Usual place of abode) Gooding Ida

If non-resident, give place and state Idaho

Color or race White Age at last Birthday 32 (Years)

Birthplace Logan Idaho (City and State or County)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 8 M.
on the date above stated.

(Signature) Winston E. Snyder

(Physician or midwife)

Address Gooding Idaho

Filed 1 21 1932 J. H. Carmichael

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FEB 9 1932
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding
City of GoodingRegistration District No.
Primary Registration District No. 24
(No. St.)File No. 77947
Registered No. 17947

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Stillborn Baby Allen

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-OWED OR DIVORCED Single
(Write the word.)

6. DATE OF BIRTH

Jan 14 1932
(Month) (Day) (Year)

7. AGE

Stillborn
IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).Stillborn

9. BIRTHPLACE

(State or Country)

Gooding Co Ida

10. NAME OF FATHER

Louis Allen

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Grace Carpenter

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

H. E. Snyder
Gooding Ida

15.

Filed

1-31

19

32J. H. Cronway
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 14 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

at birth 19..... to at birth 19.....
that I last saw h..... alive on Still born 19.....
and that death occurred on the date stated above, at..... M.

The CAUSE OF DEATH was as follows:

Don't Know

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Houston E. Snyder M. D.19..... (Address) Gooding Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs. mos. days. In the State..... yrs. mos. days.

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19.....

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

199238

County of Latah

City of Moscow

No. _____ St. _____

Registration District No. 61

File No. _____

Hospital Inland Empire

Primary Registration District No. 1011

Registered No. 4

FULL NAME OF CHILD

Matthews Baby

(Certificate of no value without full name of child.)

Sex of
Child

F

Twin
Triplet
or other?

and

Number
in order
of birth

Legiti-
mate?

Yes

Date of
birth.

(Month)

(Day)

(Year)

Jan 2 1932

What bactericidal solution was used in eyes? 0

Number of child of this mother, including present birth... 1

Number of child of this mother now living, including present birth... 0

FULL
NAME

FATHER
Art. R. Matthews

FULL
MAIDEN
NAME

MOTHER
Pauline Brown

RESIDENCE

Moscow

RESIDENCE

Moscow

COLOR

White

AGE AT LAST
BIRTHDAY

27
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

24
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Insurance Agt.

OCCUPATION

Hwof

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 4:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

C. Nagel
Physician
(Physician or midwife)

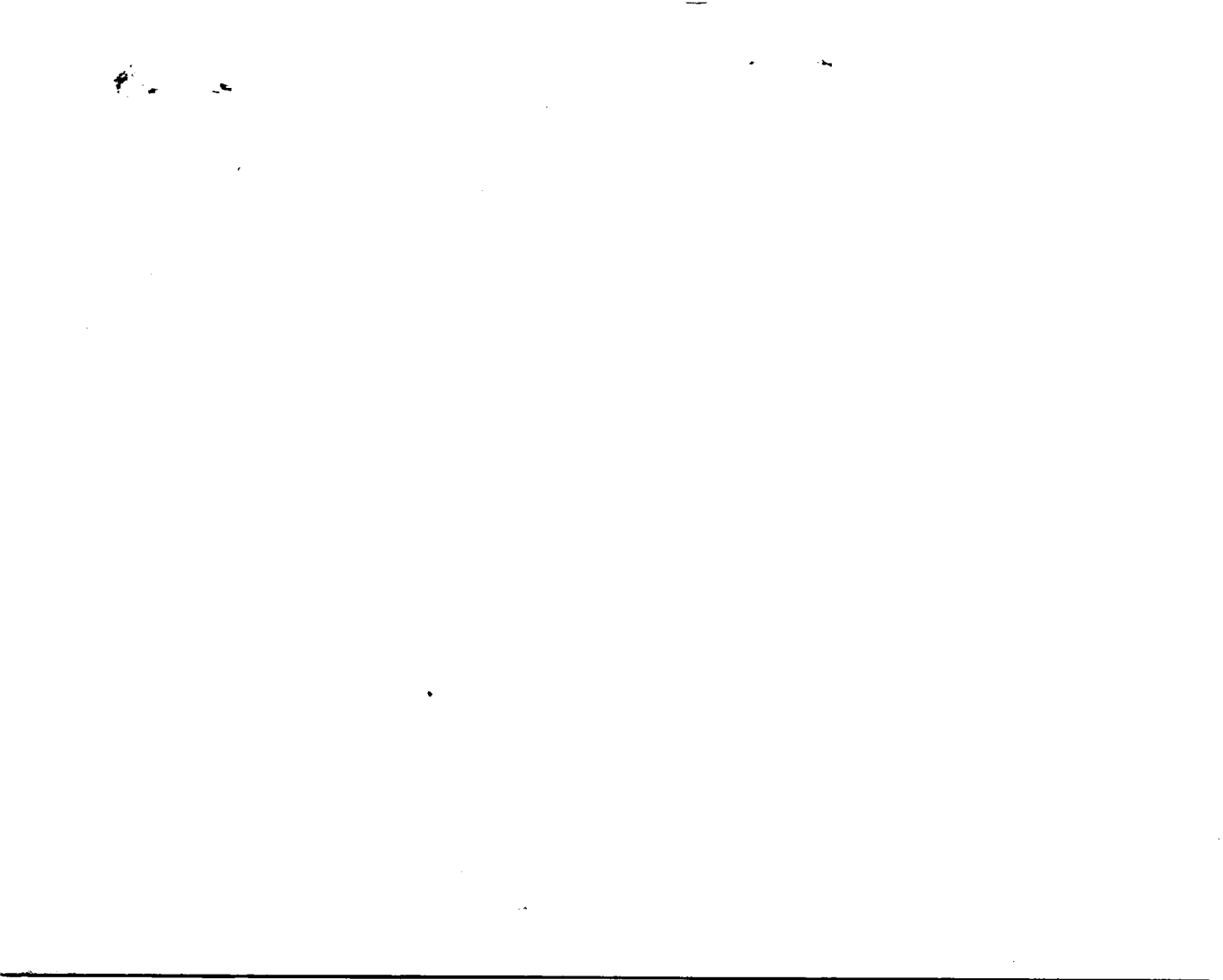
Give names added from a supplemental report.

Address

Moscow Idaho

Filed

Feb 3 1932
Parfenhouse
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of	Latah	Registration District No.	61	State File No.	78005
City of	Moscow	Primary Registration District No.	1011	Local Registrar's No.	1
		(No. <u>Inland Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		Stillborn			
(a) Residence. No.		St.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Female	White				
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Jan. 2, 1932					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Moscow, Ida. (State or country)					
13. NAME Arthur R. Matthews					
14. BIRTHPLACE (city or town) Newberg, Mo. (State or country)					
15. MAIDEN NAME Pauline Brown					
16. BIRTHPLACE (city or town) Spokane, Wash. (State or country)					
17. INFORMANT Arthur R. Matthews (Address) 824 West A. St.					
18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Jan. 2, 1932					
19. UNDERTAKER H. P. Sport (Address) Moscow					
20. FILED Feb. 3, 1932 J. P. Engholm Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Jan. 2, 1932					
I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932, to Jan. 2, 1932.					
I last saw h. alive on No. 1, 1932; death is said to have occurred on the date stated above, at 2 p. m.					
The principal cause of death and related causes of importance were as follows:					
(1) Placental frag. - induced labor Jan. 1					
(2) Cerebral hemorrhage due to a condition of skull fracture, fracture of clavicle and ribs.					
Other contributory causes of importance: Slightly contracted pelvis, Strongly - forceps used perineum lacerated, Ruptured.					
Name of operating physician by Boogie Date of Jan. 1.					
What test confirmed diagnosis? Cerebral hemorrhage. Was there an autopsy? No					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1932.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) M. A. Gage, M. D.					
(Address) Moscow					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

Gallstones *May 1, 1923*

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

95-117-029-259
RECEIVED FEB 8 1932

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 126 So Main St.
Mr. Gritman

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 199243

Registration District No. 61 State File No. _____

Prim. Registration District No. 1011 Local Registrar's No. 10

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 1-17- 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Ernest E. Qualey
10. Residence (usual place of abode) (If non-resident, give place and State) Gemnasium Idaho
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Gemnasium Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 10 19____

18. Full maiden name MOTHER Etta Berner
19. Residence (usual place of abode) (If non-resident, give place and state) Gemnasium Idaho
20. Color or race White 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Silverton Oregon

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 2 19____

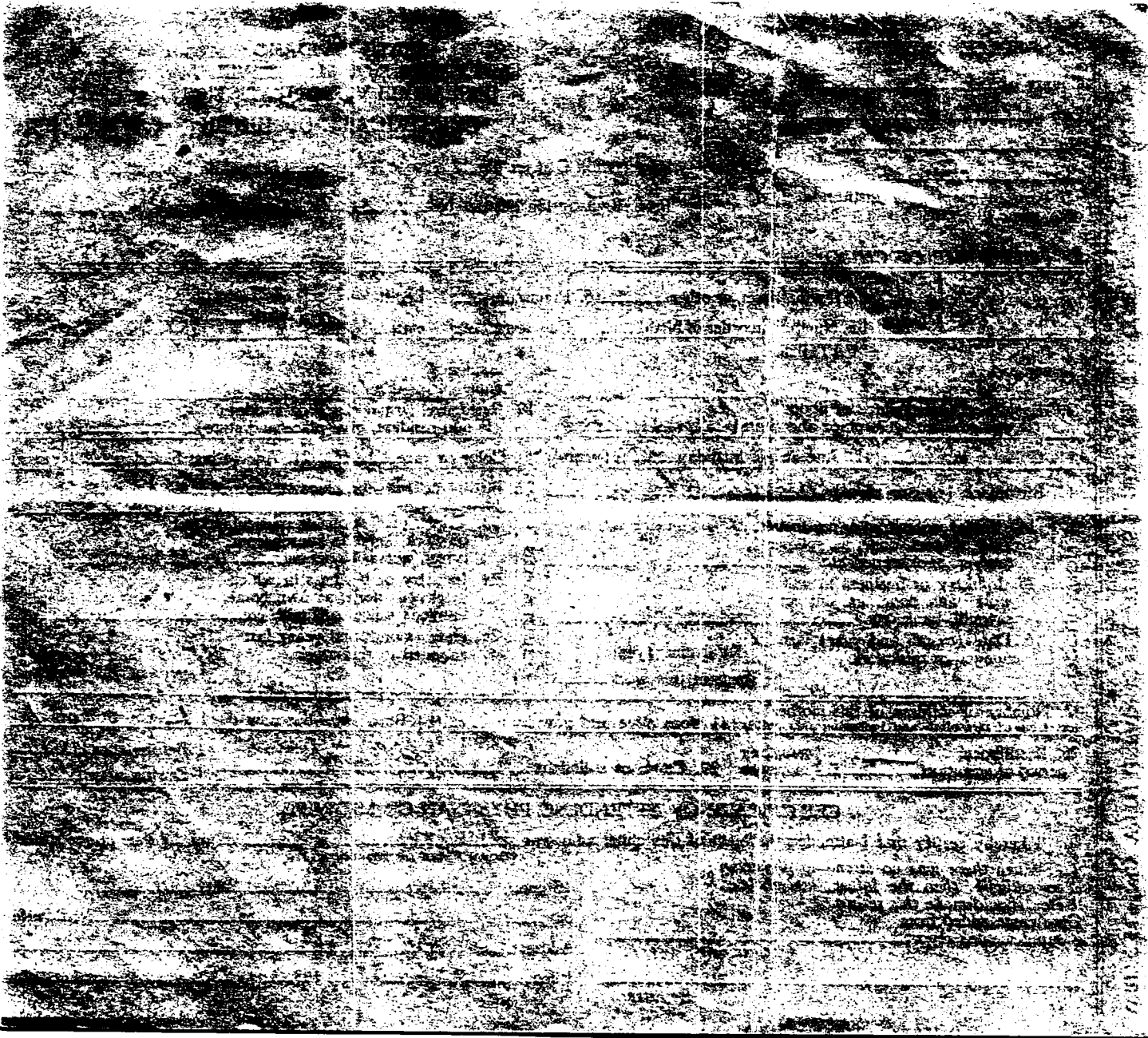
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth Spina bifida Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:40 p. m. on the date above stated. (Born alive or stillborn)
(Signed) Chas. L. Gritman, M. D.
or _____, Midwife
Address Moscow Idaho
Filed Feb. 3, 1932 John Gritman Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (DATE OF)



CERTIFICATE OF DEATH

RECEIVED FEB 6 1932

1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Latah
City of MOSCOWRegistration District No. 61
Primary Registration District No. 1011
(No. _____, _____ St.)File No. 78006
Registered No. 5

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stillbirth

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED

Male White

(Write the word.)

6. DATE OF BIRTH

1-17- 1932
(Month) (Day) (Year)

7. AGE

Stillborn
Yrs. Mos. da.IF LESS than 1 day
how many hrs.
or min. ? 0

8. OCCUPATION

(a) Trade, profession or particular kind of work. ✓
(b) General nature of industry, business or establishment in which employed (or employer) -

9. BIRTHPLACE

(State or Country) Moscow Idaho.

10. NAME OF FATHER

Ernest E. Inaley

11. BIRTHPLACE OF FATHER

(State or Country) Genesee, Idaho

12. MAIDEN NAME OF MOTHER

Ettal Berner

13. BIRTHPLACE OF MOTHER

(State or Country) Silverton, Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest E. Inaley
(Address) Genesee, Idaho

15.

Filed Feb. 3 1932 Harry Inhouse
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 17th 1932
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan. 17th 1932, to Jan. 17 1932
that I last saw him alive on _____ 19____
and that death occurred on the date stated above, at _____ M.
The CAUSE OF DEATH* was as follows:Hydrocephalus -
Spina Bifida

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) Yrs. mos. ds.

(Signed) Chas. L. Gutman M. D.1/17 1932 (Address) Moscow Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL
Genesee, Ida.DATE OF BURIAL
1/18/32 1932

20. UNDERTAKER

ADDRESS

J. R. ShortMoscow

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latih
City of Chatham
No. _____ St. _____

RECEIVED FEB 8 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSCERTIFICATE OF BIRTH **S199254**(If born in hospital or institution
give name.)Registration District No. 65 State File No. _____Prim. Registration District No. 2145 Local Registrar's No. _____

FULL NAME OF CHILD

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and { Number in order of birth <u>1</u> } <input checked="" type="checkbox"/>	Legitimate? <u>yes</u>	Date of birth <u>Jan 20</u> 19 <u>32</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? ✓Number of child of this mother, including present birth 1 (a) Born alive and now living 0Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>O. J. Hill</u>	MOTHER FULL MAIDEN NAME <u>Lina Shephard</u>
---------------------------------------	---

Residence (Usual place of abode) Viola

If non-resident, give place and State _____

Color or race white Age at last Birthday _____ (Years)Birthplace Palouse, Wash (City and State or County)Occupation Farmer

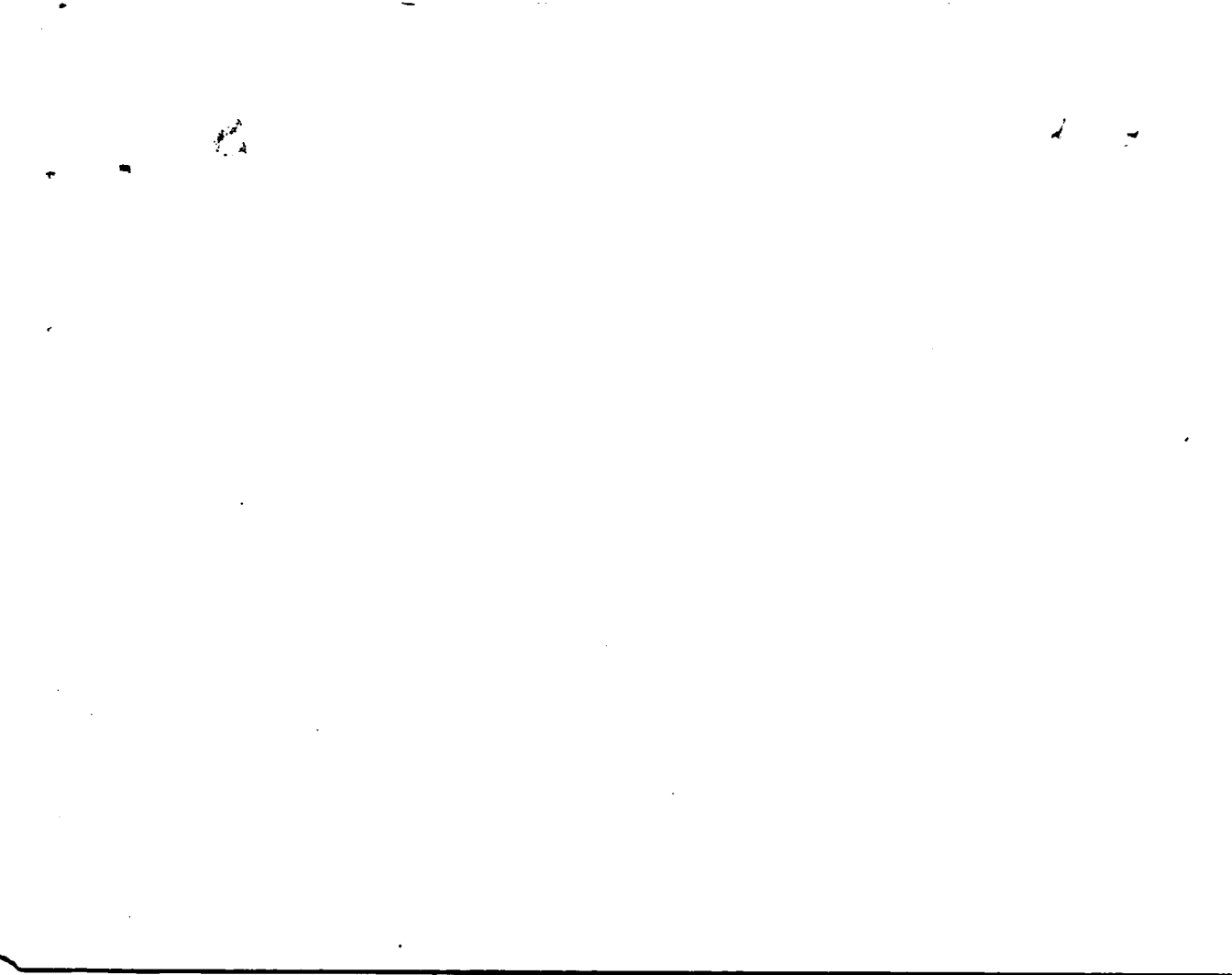
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 5³⁰ - 4 M.
on the date above stated.(Signature) E. H. Wolf

(Physician or midwife)

Address Palouse, WashFiled Jan. 30 1932 Wm. Thompson Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH Registration District No. <u>65</u> Primary Registration District No. <u>2145</u>		State File No. <u>78003</u>	
City of <u>Near Viola</u>				Local Registrar's No. <u>206</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Hill</u>					
(a) Residence. No. <u> </u> St. <u> </u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 20. 1932</u>					
7. AGE Years <u> </u>		Months <u> </u>		Days <u> </u>	
				If LESS than 1 day, hrs. <u> </u> or min. <u> </u>	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Viola</u> (State or country) <u>Ida.</u>					
MOTHER		13. NAME <u>O. J. Hill</u>			
FATHER		14. BIRTHPLACE (city or town) <u>Palouse</u> (State or country) <u>Wash.</u>			
		15. MAIDEN NAME <u>Una Shephard</u>			
		16. BIRTHPLACE (city or town) <u>Mo.</u> (State or country)			
17. INFORMANT <u>O. J. Hill</u> (Address) <u>Viola Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Viola Ida.</u> Date <u>Jan. 20 1932</u>					
19. UNDERTAKER <u>D. D. Kimball</u> (Address) <u>Palouse Wash.</u>					
20. FILED <u>Jan 21 1932</u> <u>J. H. Thompson</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan. 20 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u> </u> <u>never saw the infant</u> , 193 <u> </u>					
I last saw <u> </u> alive on <u> </u> 193 <u> </u> death is said to have occurred on the date stated above, at <u>530 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Still born infant</u>					
Date of onset <u> </u>					
Other contributory causes of importance: <u> </u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 193 <u> </u>					
Where did injury occur? <u> </u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u> </u>					
If so, specify <u> </u>					
(Signed) <u>E. K. York</u> , M. D.					
(Address) <u>Palouse Wash.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah
City of Shoshone
No. _____ St. _____

(If born in hospital or institution give name.) St. Joseph

2. FULL NAME OF CHILD

Registration District No. 16 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. 3

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Yes Full term _____ 7. Legitimate? No 8. Date of birth 1/25, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Unknown
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or country) Idaho
18. Full maiden name MOTHER Barrie Freasier
19. Residence (usual place of abode) (If non-resident, give place and state) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. No
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
18. Full maiden name MOTHER Barrie Freasier
19. Residence (usual place of abode) (If non-resident, give place and state) Idaho
20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. No
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. Number of children of this mother None
(At time of this birth and including this child) (a) Born alive and now living None (b) Born alive but now dead No (c) Stillborn No
28. If stillborn, Not known, { months _____ or weeks _____ 29. Cause of stillbirth Unknown { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Shoshone at 7:30 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(When there was no attending physician) or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (DATE OF) _____

(Signed) [Signature], M. D.
or _____, Midwife
Address [Address]
Filed Feb 2, 1932 [Signature] Registrar.

Registrar.

UNITED STATES

DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

MEMORANDUM

DATE: 10/1/54

TO: THE ATTORNEY GENERAL

FROM: THE DEPARTMENT OF JUSTICE

SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

UNITED STATES DEPARTMENT OF JUSTICE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Linch</u>		CERTIFICATE OF DEATH		78028	
City of <u>Shoshone</u>		Registration District No. <u>16</u>		State File No. _____	
		Primary Registration District No. _____		Local Registrar's No. <u>4</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>None</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Baby</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>no</u>	<u>no</u>	<u>no</u>		
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Shoshone, Idaho</u> (State or country)					
FATHER	13. NAME <u>Unknown</u>				
	14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country)				
	15. MAIDEN NAME <u>Barrie Fickner</u>				
	16. BIRTHPLACE (city or town) <u>North Dakota</u> (State or country)				
MOTHER	17. INFORMANT <u>Birth certificate</u> (Address)				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Gooding, Idaho</u> Date <u>Feb 2, 1932</u>				
	19. UNDERTAKER <u>W. E. Backus</u> (Address) <u>34</u>				
	20. FILED <u>Stuller</u> , 1932				
Registral.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1-25-32</u> , 1932					
22. I HEREBY CERTIFY, That I attended deceased from <u>1/2</u> _____, 1932, to _____, 1932.					
I last saw him alive on _____, 1932; death is said to have occurred on the date stated above, at <u>7:30</u> p. m.					
The principal cause of death and related causes of importance were as follows:					
					Date of onset
<u>His heart</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1932.					
Where did injury occur? <u>Jerome, Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) _____, M. D.					
(Address) _____					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

314-102-035-249
1. PLACE OF BIRTH
Country of Missouri
City of St. Louis
No. St. Joseph's Hospital

(If born in hospital or institution give name.)

STATE OF MISSOURI
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 199333
Registration District No. 96 State File No. S
Prim. Registration District No. 1009 Local Registrar's No. S

2. FULL NAME OF CHILD Baby Day Laurence

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth Jan 2, 1932
5. Number, in order of birth _____ 9. Full name FATHER Howard H. Laurence 10. Residence (usual place of abode) St. Louis (If non-resident, give place and State) _____ 11. Color or race White 12. Age at last birthday 21 (years) 13. Birthplace (city or place) St. Louis (State or country) _____ 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 18. Full maiden name MOTHER Janeth Smith 19. Residence (usual place of abode) St. Louis (If non-resident, give place and State) _____ 20. Color or race White 21. Age at last birthday 17 (years) 22. Birthplace (city or place) St. Louis (State or country) _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive, but now dead _____ (c) Stillborn _____
28. If stillborn, period of gestation 6 Mo { months or weeks } 29. Cause of stillbirth Don't know { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:00 p. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) W. C. Carson, M. D.

or _____, Midwife

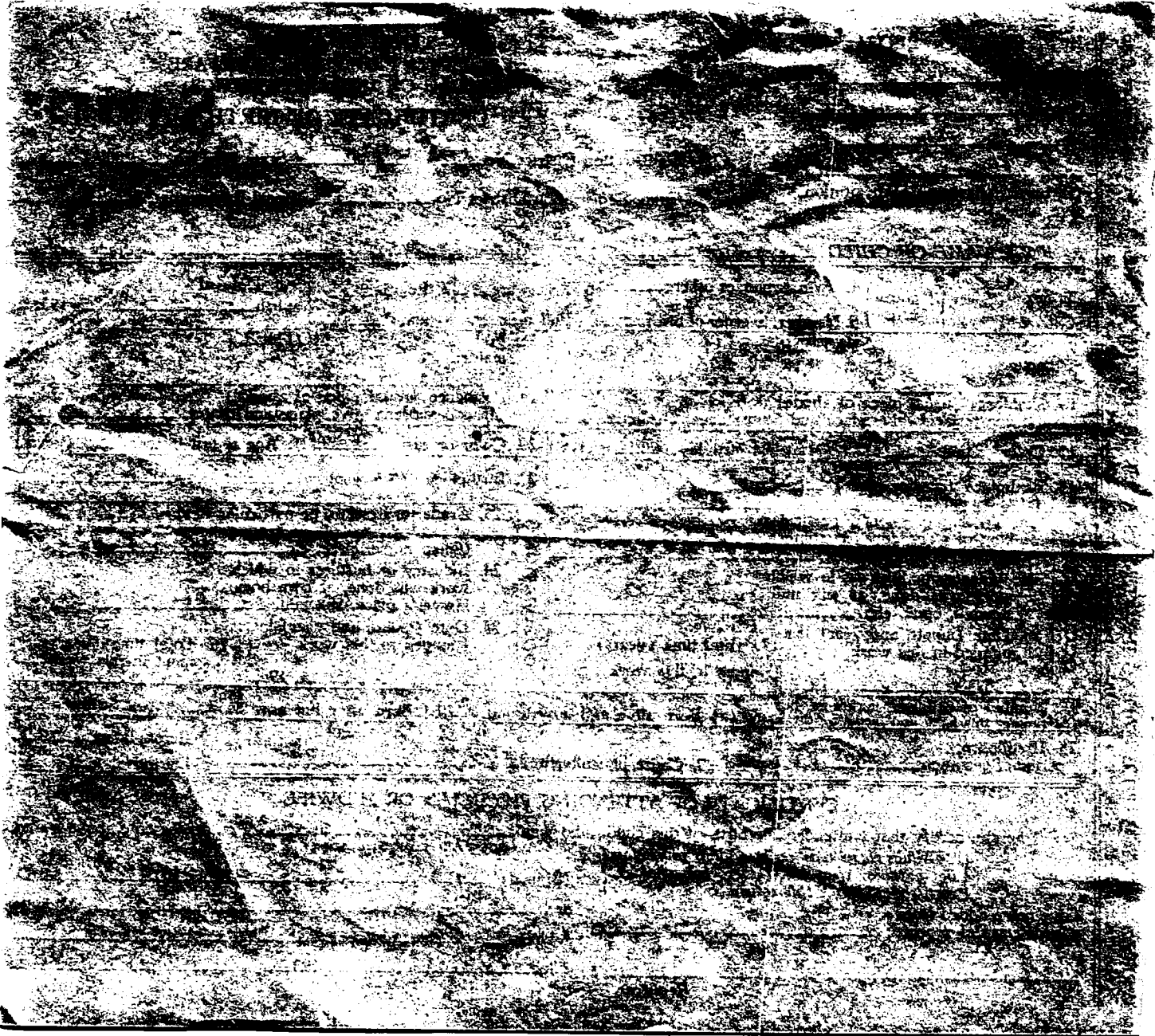
Address St. Louis, Mo.

Filed Feb 5, 1932

Give name added from a supplemental report _____ (DATE OF)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 78038
PLACE OF DEATH County of <u>Nez Perce</u> City of <u>Lewiston</u>		State File No. _____
CERTIFICATE OF DEATH		
Registration District No. <u>96</u> Primary Registration District No. <u>1009</u> (No. <u>St Joseph Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. _____
2. FULL NAME <u>Infant of Mr & Mrs Hoawru H. Lawrence</u>		
(a) Residence. No. <u>Lewiston Orchards</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Jan 2, 1932</u>		
7. AGE	Years	Months
	<u>0</u>	<u>0</u>
		Days
		<u>0</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Lewiston</u> (State or country) <u>Idaho</u>		
13. NAME <u>Howard H. Lawrence</u> <u>Craigmont</u>		
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) _____		
15. MAIDEN NAME <u>lanthe Smith</u>		
16. BIRTHPLACE (city or town) <u>Nez Perce</u> (State or country) <u>Idaho</u>		
17. INFORMANT <u>Howard H. Lawrence</u> (Address) <u>Lewiston Orchards</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Normal Hill</u> Date <u>1/4/32</u> , 1932		
19. UNDERTAKER <u>Vassar Mortuary Inc</u> (Address) <u>Lewiston Idaho</u>		
20. FILED <u>Jan 2</u> , 1932 <u>W. J. M. Pyle</u> Registrar.		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>Jan 2</u> , 1932		
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 2</u> , 1932 to <u>Jan 2</u> , 1932 I last saw him alive on <u>Jan 2</u> , 1932. death is said to have occurred on the date stated above, at <u>4:49</u> m. The principal cause of death and related causes of importance were as follows:		
<u>Premature birth</u> <u>and know</u>		
Other contributory causes of importance: _____		
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ as there an autopsy? <u>h</u>		
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____		
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>W. J. M. Pyle</u> , M. D. (Address) <u>Lewiston Idaho</u>		

1619

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

199340

1. PLACE OF BIRTH
County of Nez Perce
City of Wegington

No. St. Joseph's Hospital St.
(If born in hospital or institution give name.)

Registration District No. 96 State File No. S
Prim. Registration District No. 1009 Local Registrar's No.

2. FULL NAME OF CHILD (Stillbirth) Dawson

3. Sex Male If plural births } 4. Twin, triplet, or other } 5. Number, in order of birth 3rd 6. Premature } Full term } 7. Legitimate? yes 8. Date of birth Jan. 17, 1932 (MONTH, DAY, YEAR)

9. Full name Frank M. Dawson FATHER

18. Full maiden name Nellie Vaughn MOTHER

10. Residence (usual place of abode) 317 Miller St
(If non-resident, give place and State) Wegington, Ida

19. Residence (usual place of abode) 317 Miller St
(If non-resident, give place and State) Wegington, Ida

11. Color or race White 12. Age at last birthday 40 (years)

20. Color or race White 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Wisconsin
(State or country)

22. Birthplace (city or place) Wisconsin
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soreman Planing Mill

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Jan 1932

25. Date (month and year) last engaged in this work Jan 1932

27. Number of children of this mother 3
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn One

28. If stillborn, Full term } months } 29. Cause of stillbirth Do not know } Before labor }
period of gestation Full term } or weeks } During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:00 P. M. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) Paul W. Johnson M. D.
or Physician Midwife

Give name added from a supplemental report _____ Address Wegington, Ida.

(DATE OF) _____ Filed Feb. 4, 1932 J. M. Doyle Registrar.
B. J. Doyle Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County <u>Nez Perce</u>		CERTIFICATE OF DEATH		State File No. <u>78037</u>	
City of <u>Lewiston</u>		Registration District No. <u>96</u>		Local Registrar's No. <u>206</u>	
		Primary Registration District No. <u>1009</u>			
		(No. <u>St Joseph Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Son Mr & Mrs Frank M Dawson</u>					
(a) Residence. No. <u>317 Miller St</u> St. <u></u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan 17 1932</u>					
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation <u>Lewiston Idaho</u>				
	12. BIRTHPLACE (city or town) (State or country) <u>Lewiston Idaho</u>				
MOTHER FATHER	13. NAME <u>Frank M Dawson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Wisconsin</u>				
	15. MAIDEN NAME <u>Margaret Ellen Vaughan</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Wisconsin</u>				
	17. INFORMANT <u>Frank M. Dawson</u> (Address) <u>Lewiston Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Normal Hill</u> Date <u>Jan 18, 1932</u>				
	19. UNDERTAKER (Address)				
	20. FILED <u>Jan 22, 1932</u> <u>W. J. F.</u> Registrar.				
21. DATE OF DEATH (month, day, and year) <u>1/17/32</u> 1932					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 17</u> , 1932, to <u>Jan 17</u> , 1932					
I last saw <u>him</u> alive on <u>Jan 17</u> , 1932: death is said to have occurred on the date stated above, at <u></u> m.					
The principal cause of death and related causes of importance were as follows:					
<div style="display: flex; justify-content: space-between;"> <div> <u>Born dead at 4 P.M.</u> <u>Cause not determined.</u> </div> <div style="border: 1px solid black; padding: 5px;"> Date of onset </div> </div>					
Other contributory causes of importance:					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1932.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Paul W. Johnson</u> M. D.					
(Address) <u>Lewiston Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

Gallstones *May 1, 1923*

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah
City of Driggs
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

199395

S

Registration District No. 77 State File No. _____(If born in hospital or institution
give name.)Prim. Registration District No. 9176 Local Registrar's No. 1

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Jan 19</u> 19 <u>32</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living _____

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME <u>C. M. Hall</u>	MOTHER FULL MAIDEN NAME <u>Dorothy Carter</u>
---------------------------------------	--

Residence (Usual place of abode) Driggs

If non-resident, give place and State _____

Color or race W Age at last Birthday 27 (Years)Birthplace Scotchellapp Neb (City and State or County)Occupation Driller

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born ~~Alive~~ Stillborn } at 10:30 P. M.
on the date above stated.

(Signature) E. T. Parkinson

(Physician or midwife)

Address Driggs, Idaho.Filed 1-21- 1932 Oliver M. Greene
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

78075

State File No.

PLACE OF DEATH

County of Teton
City of Driggs

CERTIFICATE OF DEATH

Registration District No. 77
Primary Registration District No. 9176
(No. _____)

Local Registrar's No. 2

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of ☒
(or) WIFE of ☒

6. DATE OF BIRTH (month, day and year) 1-19-32

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
— — — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. —(b) General nature of industry, business, or establishment in which employed (or employer) —(c) Name of employer Driggs Ida

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14.

Informant (Address)

15.

Filed 1-21-, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-19-32, 1932, to 1-19-32, 1932
that I last saw him alive on 1-19-32

and that death occurred, on the date stated above, at 11:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Fractured Cervical Vert.
During delivery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

1-20-, 1932 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home; and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owada
City of Stone
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1952
S199351

(If born in hospital or institution
give name.)

Registration District No. 26 State File No. _____
Prim. Registration District No. 2069 Local Registrar's No. 4

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other?	and { in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Jan 5</u> 19 <u>52</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn

Number of child of this mother, including present birth 10 (a) Born alive and now living 6
Born alive but now dead 4 Stillborn 7

FATHER FULL NAME <u>Virgil Courtney Steed</u> Residence (Usual place of abode) <u>Stone</u>	MOTHER FULL MAIDEN NAME <u>Elizabeth Banot</u> Residence (Usual place of abode) <u>Stone</u>
---	--

It non-resident, give place and date	If non-resident, give place and date
Color or race <u>White</u> Age at last Birthday <u>38</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>38</u> (Years)
Birthplace <u>Ogden Utah</u> (City and State or County)	Birthplace <u>Benzer Utah</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 8. a M.
on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address _____
Filed 1/31 1952 J. M. Kerns
Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

no 22

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Tenn. Falls
City of Tenn. Falls
No. to Genl Hospital

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 13 1932
S 199410

Registration District No. 37 State File No.
Prim. Registration District No. 2085 Local Registrar's No. 26
(If born in hospital or institution give name.)
FULL NAME OF CHILD Still Birth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>F.</u>	Twin Triplet or other? <u>and</u> Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>Jan 17</u> 19 <u>32</u> (Month) (Day) (Year)
------------------------	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth..... (a) Born alive and now living.....
Born alive but now dead..... Stillborn.....

FATHER FULL NAME <u>John Cash Mearns</u> Residence (Usual place of abode) <u>Franklin, Tenn.</u> If non-resident, give place and State..... Color or race <u>W.</u> Age at last Birthday <u>36</u> (Years) Birthplace <u>Franklin, Tenn.</u> (City and State or County) Occupation <u>Farmer</u>	MOTHER FULL NAME <u>Ellen Mearns</u> Residence (Usual place of abode) <u>Franklin, Tenn.</u> If non-resident, give place and State..... Color or race <u>W.</u> Age at last Birthday <u>28</u> (Years) Birthplace <u>Franklin, Tenn.</u> (City and State or County) Occupation <u>Homemaker</u>
--	---

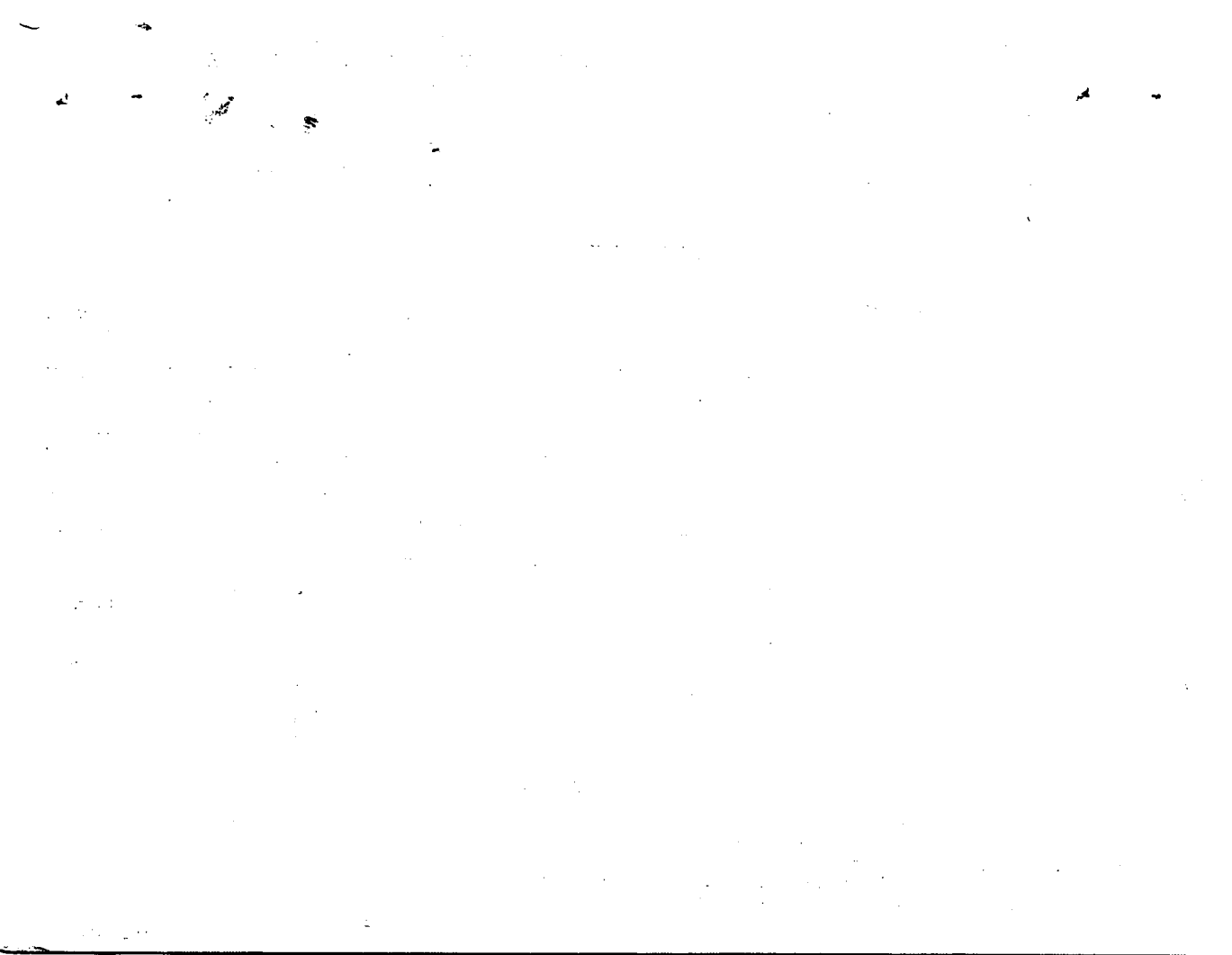
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2:15 P. M. on the date above stated.

(Signature) N. F. Passey, M.D.
Tenn. Falls
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address
Filed 2/9 1932 Elizabeth J. Smith Registrar.



RECEIVED STATE OF IDAHO 10 10 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78088

PLACE OF DEATH
County of Cam Falls Registration District No. 37
City of Cam Falls Primary Registration District No. 2085 Local Registrar's No. 12
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Patrica Erika Menten
(a) Residence. No. County Hospital St. 206
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Sell Born
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

10. NAME OF FATHER John C. Menten

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Ellen O. Engquist

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) John C. Menten
Jerome

15. Filed 1/8/32 1932 Elizabeth C. Smith
Registrar. and

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 17 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1932 to Jan 17, 1932
that I last saw him alive on Jan 17, 1932
and that death occurred, on the date stated above, at Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Still born.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

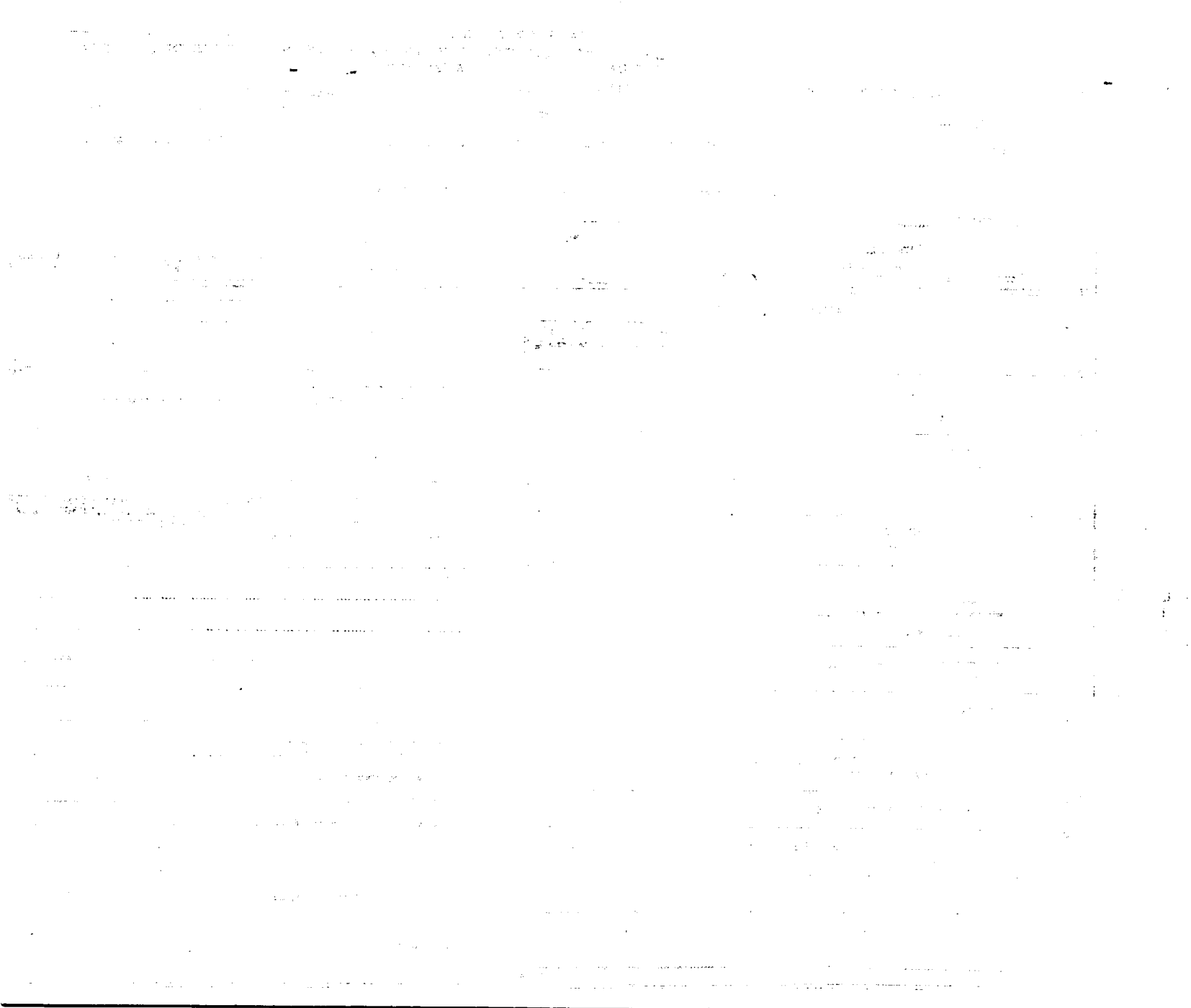
What test confirmed diagnosis? Medical evidence.

(Signed) J. H. Hager M. D.

Jan 18, 1932 (Address) Idaho Falls, Id.

19. Place of ~~burial~~ Cremation, County Hospital Date of Burial Jan 18 1932

20. Undertaker County Hospital Address Idaho Falls, Id.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

491- 229-042-236
PLACE OF BIRTH

County of Miss Falls
City of Miss Falls
No. R. 1. D. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 199430

Registration District No. 37 State File No. S

(If born in hospital or institution
give name.)

Prim. Registration District No. 2085 Local Registrar's No. 31

FULL NAME OF CHILD (Stillborn) Drake
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u></u>	{ and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>1 29 1932</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 (a) Born alive and now living 0

Born alive but now dead Stillborn 1

FATHER FULL NAME <u>Marvin D. Drake</u>	MOTHER FULL MAIDEN NAME <u>Thelma Sloan</u>
--	--

Residence (Usual place of abode) 1

It non-resident, give place and State Terra Bella, Calif.

Color or race White Age at last Birthday 24 (Years)

Birthplace Kansas (City and State or County)

Occupation Labourer

Residence (Usual place of abode)

If non-resident, give place and State Terra Bella, Calif.

Color or race White Age at last Birthday 23 (Years)

Birthplace Kansas (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 11:40 P.M.
on the date above stated.

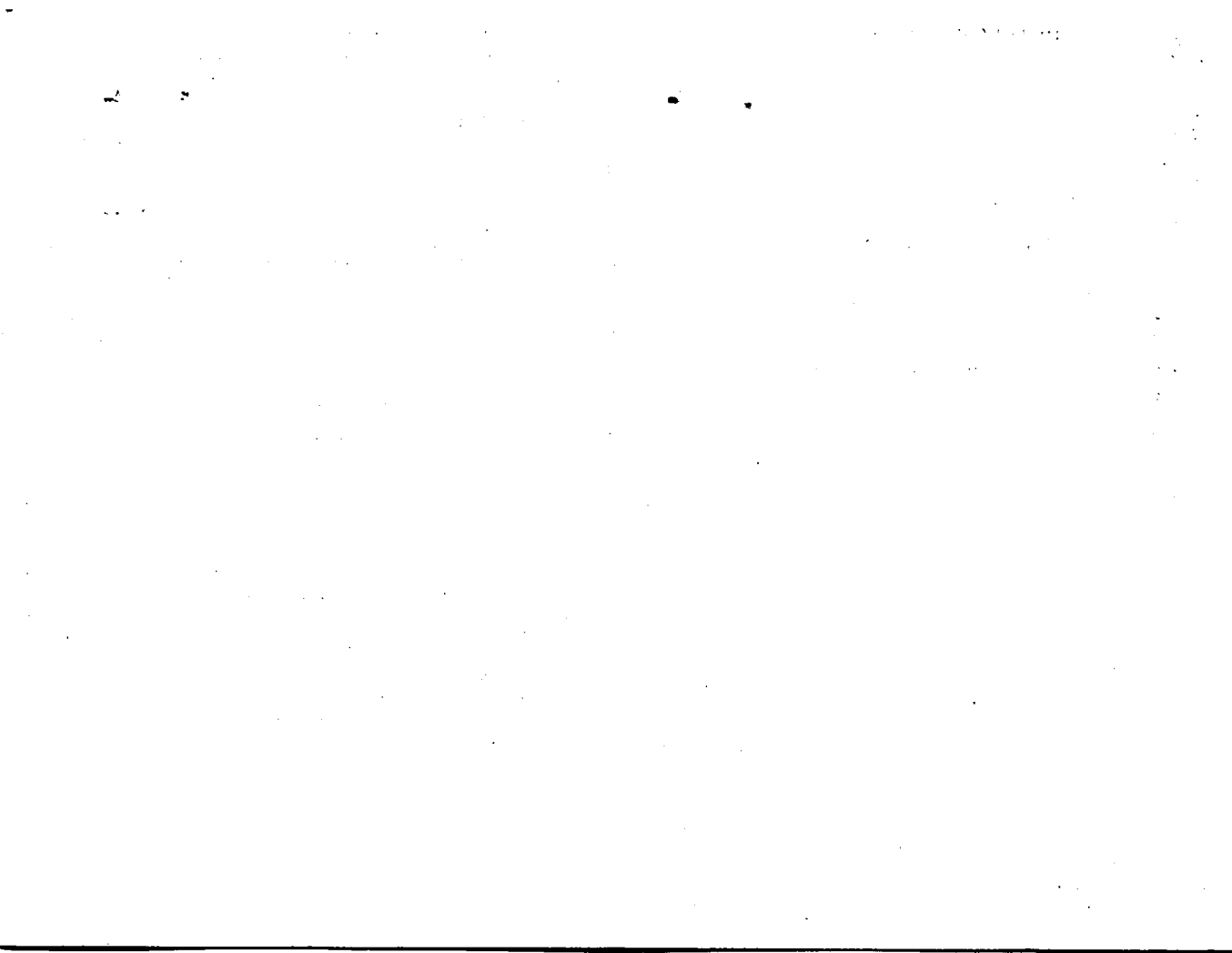
(Signature) H. P. Lamb

(Physician or midwife)

Address Miss Falls, Idaho

Filed 2/9 1932 Elizabeth J. Smith
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED FEB 13 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 78089

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085(No. Twin Falls Route # 3)Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Marvin Drake(a) Residence No. Twin Falls R# 3 St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Twin Falls Ida

10. NAME OF FATHER

Marvin Drake11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Kans.

12. MAIDEN NAME OF MOTHER

Thelma Sloan13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Kans14. Informant
(Address)Marvin Drake
Twin Falls R# 3

15.

Filed

1/301932Elizabeth Q. Smith
By att

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan291932

17. I HEREBY CERTIFY, That I attended deceased from

Stillborn to 19.....
that I last saw h..... alive on 19.....and that death occurred, on the date stated above, at 11:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:unknownCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

Don't know

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?at homeDid an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

H. P. Lumb M. D.
Jan 30 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls Ida Jan 30 1932

20. Undertaker

Address

S. C. Phillips

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer Farm laborer. Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid House-keepers. who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls
City of Twin Falls
No. _____ St. _____

T. F. C. Ogden Hosp.
(If born in hospital or institution give name.)

RECEIVED FEB 13 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 199438

Registration District No. 37 State File No. S
Prim. Registration District No. 2085 Local Registrar's No. 12

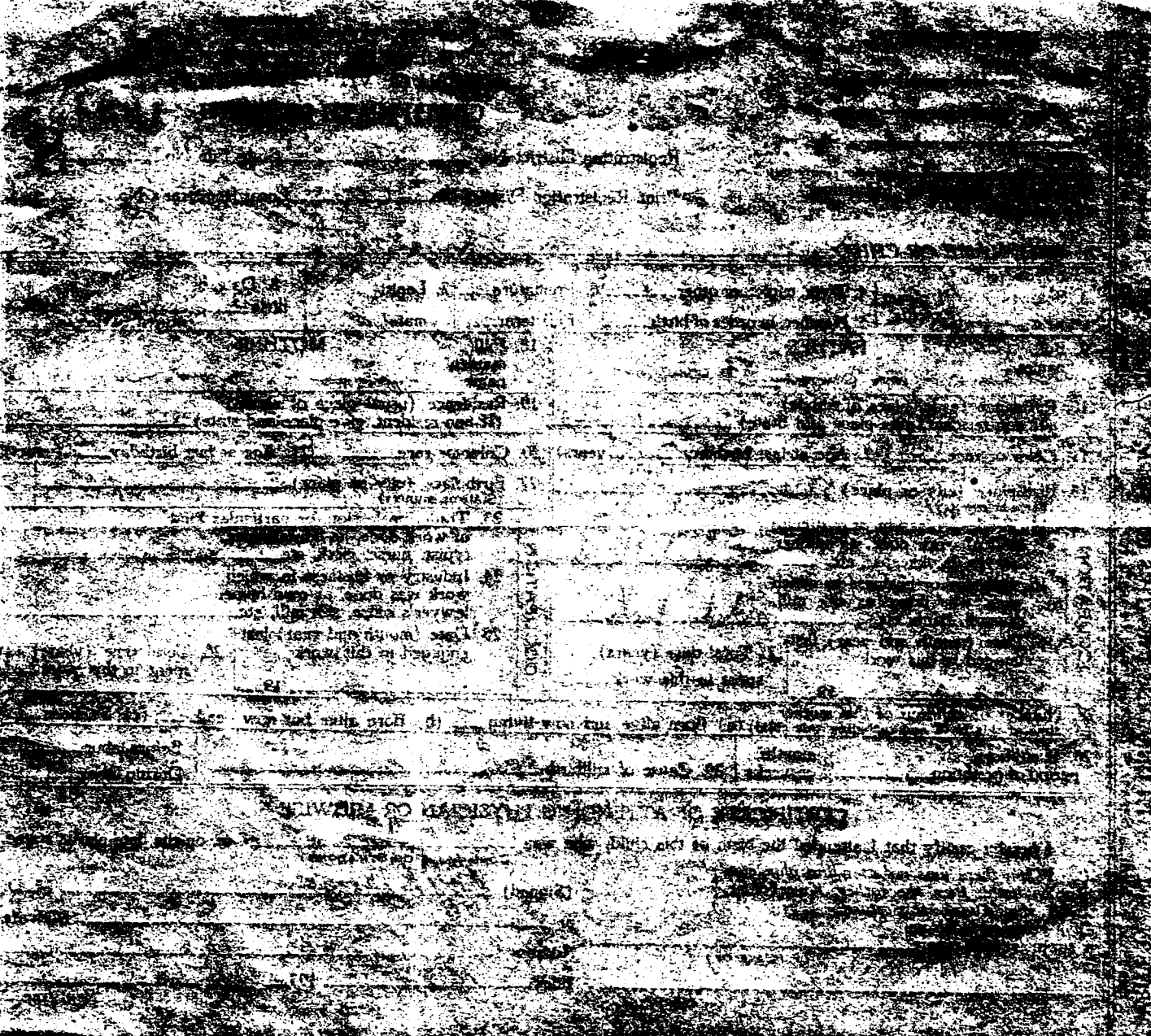
2. FULL NAME OF CHILD

Stillbirth

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>✓</u>	8. Date of birth <u>Jan 9, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>David Legend Buys</u>	FATHER		18. Full maiden name <u>Betta Thomaner</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>	5. Number, in order of birth		19. Residence (usual place of abode) (If non-resident, give place and state) <u>223-3rd ave</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>28</u> (years)		20. Color or race <u>W</u>	21. Age at last birthday <u>32</u> (years)	
13. Birthplace (city or place) (State or country) <u>Mammoth Utah</u>			22. Birthplace (city or place) (State or country) <u>Sphar, Utah</u>		
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Driver</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>odd jobs</u> 16. Date (month and year) last engaged in this work <u>Present</u>	17. Total time (years) spent in this work		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u></u> 25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work	
	19			19	
	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>				
28. If stillborn, period of gestation <u>7</u> months or weeks		29. Cause of stillbirth <u>malformation</u> Before labor <u>✓</u> During labor <u></u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 7 1/2 at PM m. on the date above stated.
(Born alive or stillborn)
(Signed) E. J. Morgan, M. D.
or _____, Midwife
Address Twin Falls, Ida.
Filed 1/28, 1932. Elizabeth J. Smith
Registrar.



RECEIVED FEB 12 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78087

PLACE OF DEATH

County of Elm Falls Registration District No. 37
City of Elm Falls Primary Registration District No. 2085 Local Registrar's No. 5
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 222 8th St St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>Jan 9 / 32</u>		
7. AGE	Years	Months
		Days
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER David Buys

11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Irene Thomander

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or County)

14. Informant David Buys
(Address) Elm Falls

15. Filed 1/11 1932 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Still born Jan. 9 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Still born, 1932, to 10 PM, 1932
that I last saw h..... alive on..... 1932
and that death occurred, on the date stated above, at..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Monstrosity - Still born
Estimated of two weeks before Labor
delivered it (duration) yrs. mos. ds.

CONTRIBUTORY malformation
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Dr. John R. Morgan M. D.
Jan 9 1932 (Address) Elm Falls Idaho

19. Place of Burial, Cremation, or Disposition Elm Falls Date of Burial Jan 11 1932

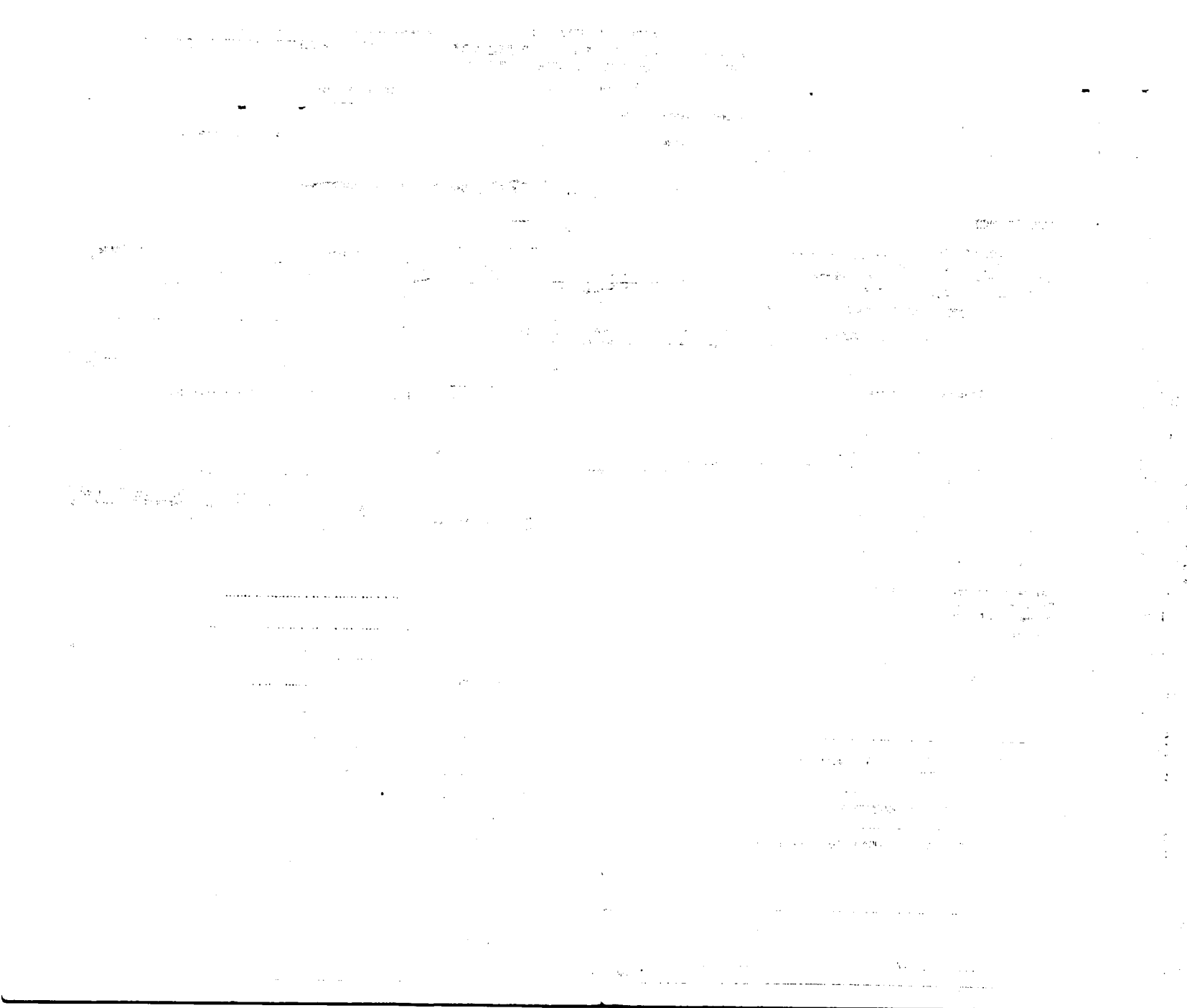
20. Undertaker None Address

Cremated at County Hospital

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

152-215100-152
1. PLACE OF BIRTH RECEIVED MAR 1 1932
County of Ada STATE OF IDAHO
City of Brice DEPARTMENT OF PUBLIC WELFARE
No. 1617 d. 24th St. BUREAU OF VITAL STATISTICS
Robert Brice CERTIFICATE OF BIRTH 1932-08
(If born in hospital or institution give name.)
Registration District No. 2 State File No. _____
Prim. Registration District No. 1004 Local Registrar's No. 88

2. FULL NAME OF CHILD Baby Jesberger

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>2-15</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>Kealie Darr</u>		FATHER		18. Full maiden name <u>Ruth Elizabeth Jesberger</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Walla Walla, Wash.</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Kennewick, Wash.</u>		20. Color or race <u>White</u>	
11. Color or race <u>White</u>		21. Age at last birthday <u>21</u> (years)		22. Birthplace (city or place) (State or country) <u>Walla Walla, Wash.</u>	
13. Birthplace (city or place) (State or country) <u>Walla Walla, Wash.</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanics</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>None</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Garage</u>		16. Date (month and year) last engaged in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
17. Total time (years) spent in this work		19.		25. Date (month and year) last engaged in this work	
26. Total time (years) spent in this work		19.		26. Total time (years) spent in this work	

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

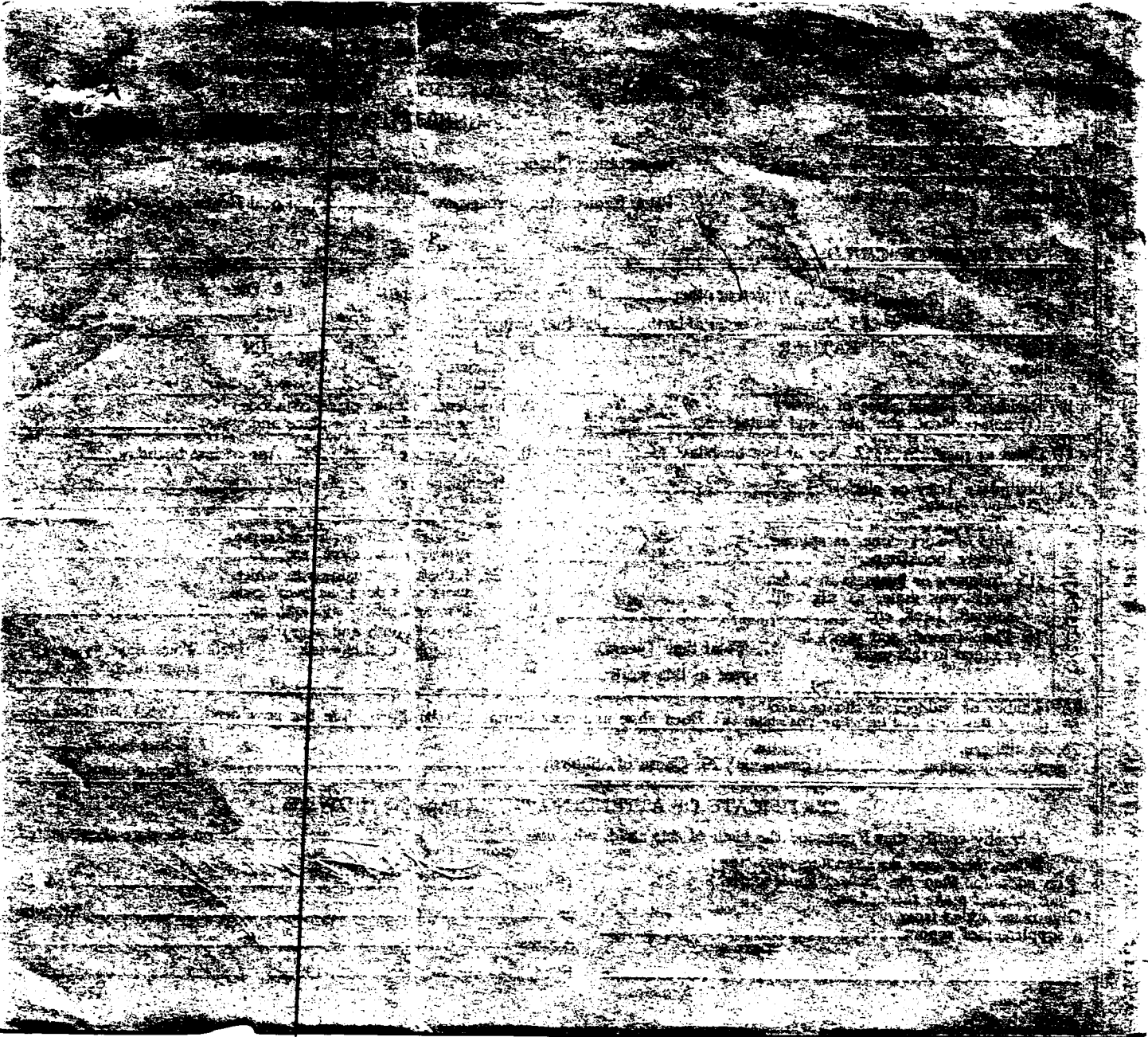
28. If stillborn, period of gestation { months or weeks } 29. Cause of stillbirth { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:42 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. _____
(DATE OF) _____

(Signed) Stromey, M. D.
or _____, Midwife
Address _____
Filed 2-23, 1932 W.H.H. Rhodes
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OJUPA-TION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1932		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. 78140	
PLACE OF DEATH		COUNTY OF <u>Ada</u>			
City of <u>Boise</u>		Registration District No. <u>2</u>			
		Primary Registration District No. <u>1004</u>			
		Local Registrar's No. <u>54</u>			
		(No. <u>Salvation Army Rescue Home</u> ; (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Jesberger.</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>2/16/32</u>					
7. AGE	Years	Months	Days	If LESS than: 1 day, _____ hrs. or _____ min.	
<u>Still born.</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
MOTHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) (State or country) <u>Boise, Idaho.</u>				
	13. NAME <u>Leslie Darr.</u>				
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Walla Walla, Wash.</u>				
	15. MAIDEN NAME <u>Ruth Jesberger.</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Kennewick, Wash.</u>				
17. INFORMANT <u>Ruth Jesberger.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>2-17-32</u> 1932					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>2-16</u> , 1932 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>2/16/32</u> 1932					
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>2-15</u> , 1932, to <u>2-15</u> , 1932					
I last saw him <u>alive</u> , 1932; death is said to have occurred on the date stated above, at <u>11:57</u> p.m.					
The principal cause of death and related causes of importance were as follows: <u>Still born.</u> <u>Hydrocephalus.</u>					
Other contributory causes of importance: _____					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932 Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>W. H. Rhodes</u> , M. D. (Address) <u>Boise, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

799-204007 689

1. PLACE OF BIRTH

County of Ada

City of Poiese

No. 1910 State St.

St. Alphonsus

(If born in hospital or institution give name.)

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

199516

Registration District No. 2

State File No.

Prim. Registration District No. 1004

Local Registrar's No. 73

2. FULL NAME OF CHILD

Priest

3. Sex <u>Female</u>	4. Twin, triplet, or other <u>None</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>Full term</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Feb. 4, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Ralph Priest</u>			18. Full maiden name <u>Josephine Whitney</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Poiese</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Poiese</u>		
11. Color or race <u>W.</u>		12. Age at last birthday <u>25</u> (years)		20. Color or race <u>W.</u>	
13. Birthplace (city or place) (State or country) <u>Idaho</u>		21. Age at last birthday <u>24</u> (years)		22. Birthplace (city or place) (State or country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Idaho Power Employee</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Employee</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>—</u>		
16. Date (month and year) last engaged in this work <u>1932</u>			25. Date (month and year) last engaged in this work <u>1932</u>		
17. Total time (years) spent in this work <u>—</u>			26. Total time (years) spent in this work <u>—</u>		

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living — (b) Born alive but now dead — (c) Stillborn 1

28. If stillborn, 8 months months period of gestation 10 weeks or weeks

29. Cause of stillbirth Diseased placenta Cord around neck 3 times

Before labor —
During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 7:10 a.m. at 7:10 a.m. on the date above stated.
(BORN ALIVE OR STILL BORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) A. J. Cook, M. D.

or — Midwife

Address 521 Eastman Bldg

Filed Feb 5, 1932, W. H. Rhodes

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1932		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. 78158	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH			
County of <u>Ada.</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>34</u>	
City of <u>Boise.</u>		Primary Registration District No. <u>1004</u>			
(No. <u>St. Alphonsus Hospital.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stellborn Priest.</u>					
(a) Residence. No. <u>Boise, Idaho.</u>		St. <u></u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>-----</u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 4th 1932</u>					
7. AGE <u>0</u>	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day <u>hrs.</u> or <u>min.</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>				
	10. Date deceased last worked at this occupation (month and year) <u></u>				
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)					
MOTHER FATHER	13. NAME <u>Ralph Priest.</u>				
	14. BIRTHPLACE (city or town) <u>Pailey, Idaho.</u> (State or country)				
	15. MAIDEN NAME <u>Josephine E. Whitney.</u>				
	16. BIRTHPLACE (city or town) <u>Utah.</u> (State or country)				
17. INFORMANT <u>Ralph Priest.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cem.</u> Date <u>2/5/32</u> 1932					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>3-4</u> , 1932 <u>W. W. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>2/4/32</u> 1932					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 4</u> , 1932, to <u>Feb 4</u> , 1932.					
I last saw him alive on <u>Feb 4</u> , 1932; death is said to have occurred on the date stated above, at <u>7:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Still Born</u> <u>Premature</u>					Date of onset
Other contributory causes of importance: <u>Decayed placenta</u> <u>Cord around neck</u> <u>3 times</u>					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1932.					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u></u>					
If so, specify <u></u>					
(Signed) <u>W. W. Rhodes</u> , M. D.					
(Address) <u>Boise, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

693-101002-249

1. PLACE OF BIRTH
County of Adams
City of Council
No. _____ St.

(If born in hospital or institution give name.)

RECEIVED MAR 12 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 199526

Registration District No. 71 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Willis

3. Sex Male	If plural births {	4. Twin, triplet, or other. <u>---</u>	6. Premature <u>no</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>2/1/32</u> , 193 (MONTH, DAY, YEAR)
5. Number, in order of birth. _____			Full term <u>yes</u>		
9. Full name <u>FATHER</u> <u>William Willis</u>			18. Full maiden name <u>MOTHER</u> <u>Katie Smith</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>New Meadows</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>New Meadows</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>32</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>Canada</u>		21. Age at last birthday <u>34</u> (years)		22. Birthplace (city or place) (State or country) <u>N. Dakota.</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumber worker</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work <u>March 10, 1932, 19</u>			25. Date (month and year) last engaged in this work <u>March 10, 1932, 19</u>	
17. Total time (years) spent in this work <u>10</u>		26. Total time (years) spent in this work <u>10</u>			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, <u>0</u> months or weeks period of gestation _____		29. Cause of stillbirth <u>Prolapsed cord.</u>		Before labor <u>Labor</u> During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:15 A.M. on the date above stated.
(BORN ALIVE OR STILLBORN)
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) Alvin S. Thurston, M. D.

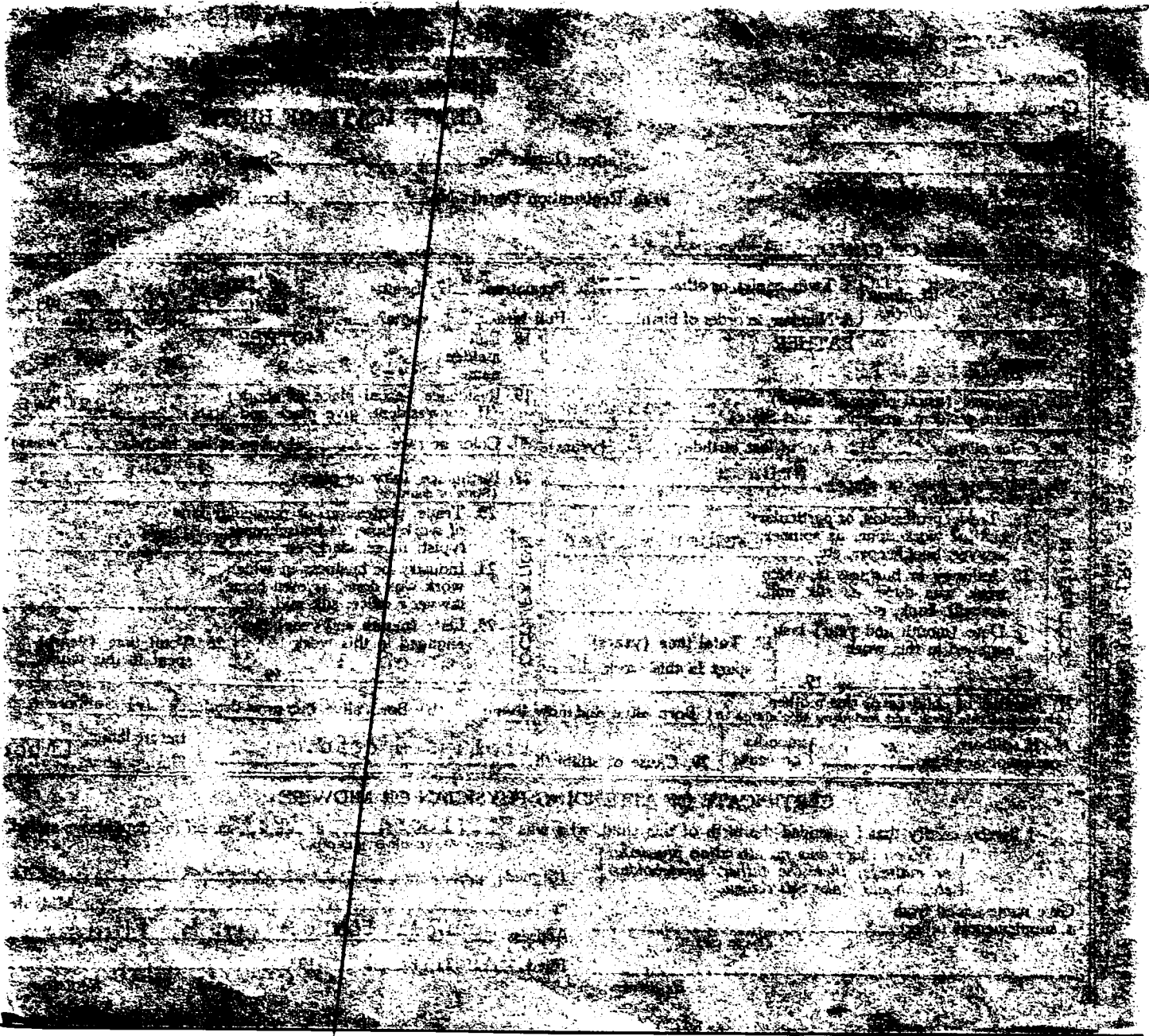
or _____, Midwife
Address Council IDemo Alvin S. Thurston

Filed March 10, 1932
Council, Idaho

Registrar.

Registrar.

Give name added from
a supplemental report _____
(DATE OF) _____



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

255-110-003-819
1. PLACE OF BIRTH
County of Bannock
City of Grace
No. _____ St. _____

(If born in hospital or institution give name.)

RECEIVED MAR 2 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
199597
S
CERTIFICATE OF BIRTH

Registration District No. 84 State File No. _____

Prim. Registration District No. 2/61 Local Registrar's No. 1001

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Feb 10, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Orrin I Bennett</u>	FATHER		MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and state) <u>Grace, Ida</u>	5. Number, in order of birth _____		Full term <u>yes</u>		
11. Color or race <u>wh</u>	12. Age at last birthday <u>22</u> (years)		18. Full maiden name <u>Lila Harwood</u>		
13. Birthplace (city or place) (State or country) <u>Lago Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Grace, Ida</u>		20. Color or race <u>Wh</u>		
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u> 16. Date (month and year) last engaged in this work <u>Feb 1932, 19</u>	21. Age at last birthday <u>24</u> (years)		22. Birthplace (city or place) (State or country) <u>Granite Utah</u>		
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
	25. Date (month and year) last engaged in this work <u>Feb 1932</u>		26. Total time (years) spent in this work <u>4</u>		
	17. Total time (years) spent in this work <u>4</u>				

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1
28. If stillborn, period of gestation 9 mo { months or weeks } 29. Cause of stillbirth Knot in cord, cyst in imperforate anus (d) Before labor yes (e) During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 5:30 PM on the date above stated.
(Born alive, born dead, or stillborn)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report _____

(DATE OF)

(Signed) B. J. Gering, M. D.

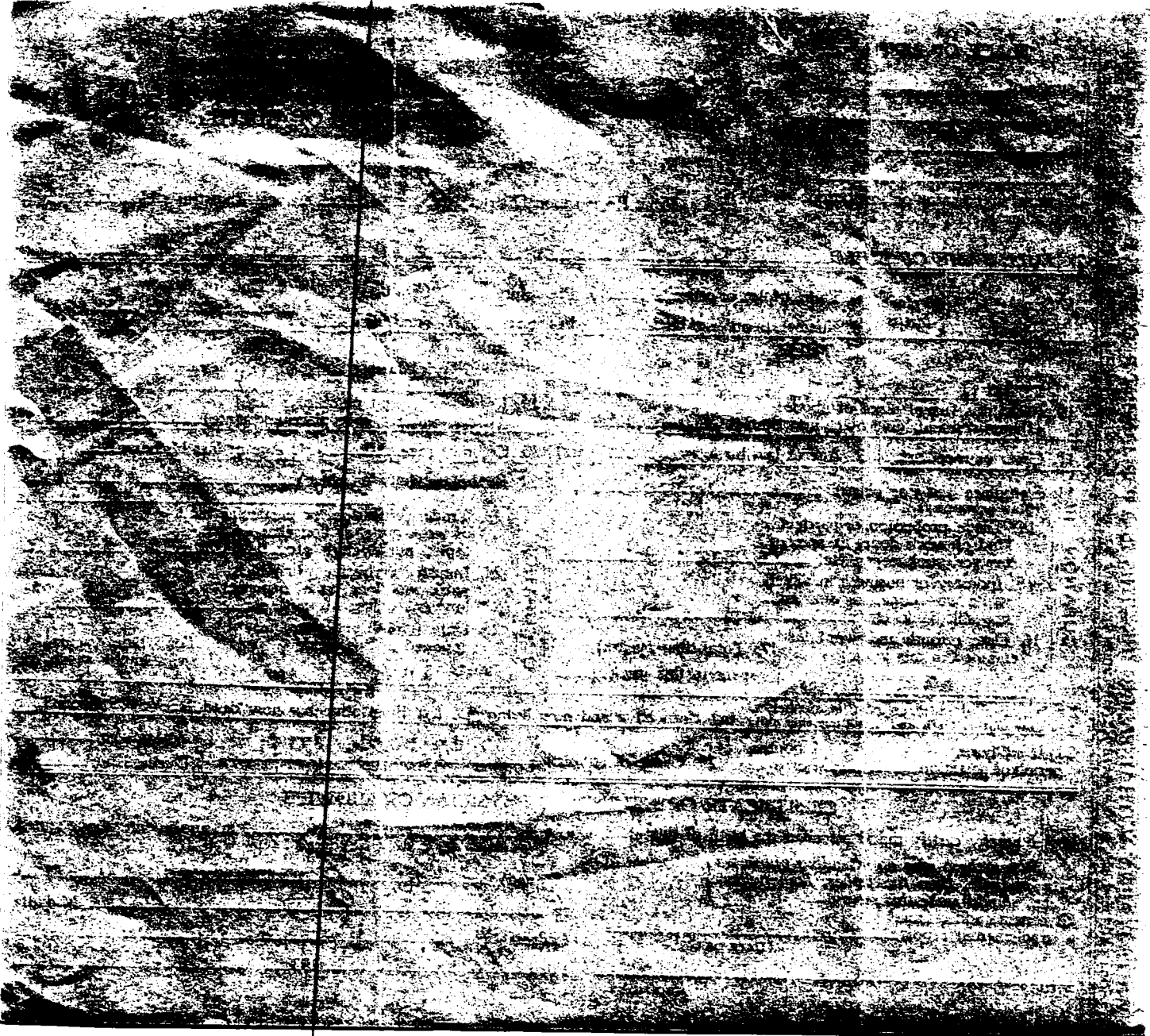
or _____, Midwife

Address Grace, Idaho

Filed Feb 29, 1932 Mr. G. J. Fitz

Registrar

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED MAR 2 1932	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Grace</u>		BUREAU OF VITAL STATISTICS		State File No. <u>78206</u>	
Registration District No. <u>84</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>247</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.) (No. <u>Stillbirth</u> <u>Bennett</u>)					
2. FULL NAME					
(a) Residence. No. _____ St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb 10, 1932</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or 0 min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Grace, Idaho</u>					
FATHER					
13. NAME <u>Orrin I. Bennett</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Lago Idaho</u>					
MOTHER					
15. MAIDEN NAME <u>Lila Harwood</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Granite Sandy Utah</u>					
17. INFORMANT <u>Orrin I. Bennett, Grace</u> (Address) <u>Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Grace, Idaho</u> Date <u>Feb 12, 1932</u>					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>Feb 29, 1932</u> <u>Mr. E. E. Fitz</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) _____ 193					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193					
Feb 10, 1932, to _____, 193					
I last saw h. _____ alive on <u>Stillbirth</u> , 193 : death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
Knot in umbilical cord _____ unknown					
Cyst in umbilical cord _____ unknown					
Other contributory causes of importance:					
Imperforate Anus _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>B. E. Earing</u> , M. D.					
(Address) <u>Grace, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of Teton
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Infant Rackham (still born)

3. Sex Male 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ 6. Premature yes 7. Legitimate? yes 8. Date of birth 2 16, 1932
(MONTH, DAY, YEAR)

9. Full name Mr Stewart Rackham FATHER
10. Residence (usual place of abode) Teton
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 21 (years)
13. Birthplace (city or place) Teton
(State or country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work 2-16, 1932
17. Total time (years) spent in this work since childhood

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 8 months or weeks 29. Cause of stillbirth Premature Separation of placenta

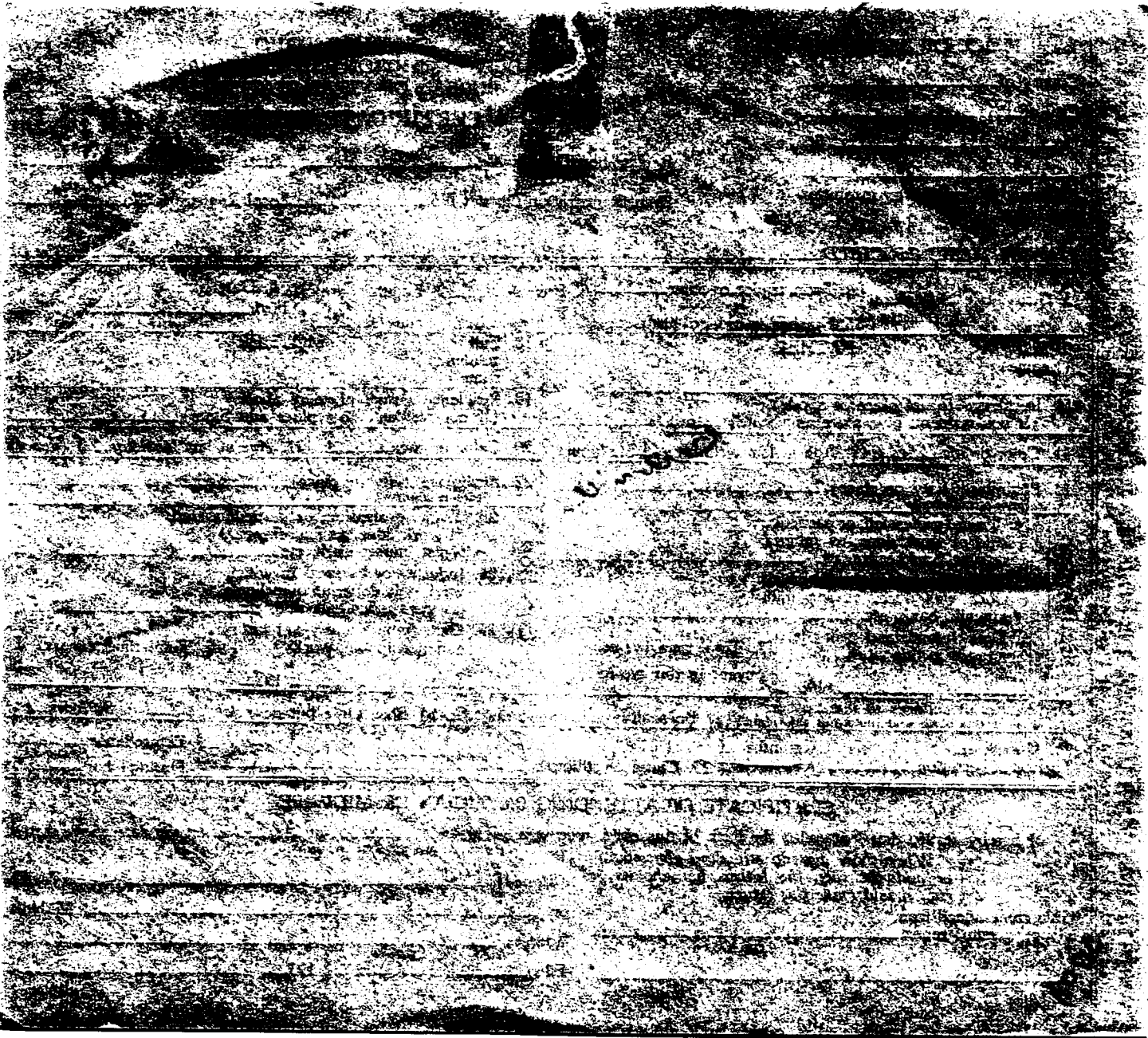
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was still born, at 2:30 p.m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) A. Duthurand, M. D.
or _____, Midwife
Address Nesling, Idaho
Filed _____, 1932
Registrar. _____ Registrar.

STATE OF IDAHO MAR 11 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 199786

Registration District No. 100 State File No. S
Prim. Registration District No. 2178 Local Registrar's No. 47

10. Full name Agnes Elizabeth Rawson MOTHER
11. Residence (usual place of abode) Teton
(If non-resident, give place and State)
12. Color or race White 13. Age at last birthday 18 (years)
14. Birthplace (city or place) Nesling
(State or country) Idaho

OCCUPATION 15. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house-wife
16. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
17. Date (month and year) last engaged in this work 2-16, 1932
18. Total time (years) spent in this work _____



RECEIVED MAR 4 1937

1. PLACE OF BIRTH

County of SumCity of Emmett

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

199814

Registration District No. 6 State File No. S

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD unmarried infant

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>2-2</u> , 193 <u>7</u> (MONTH, DAY, YEAR)
5. Number, in order of birth _____		Full term _____			

9. Full name <u>Elil Henry Lowe</u>	FATHER	18. Full maiden name <u>Thelma L. R. Doman</u>	MOTHER
-------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Emmett, Ida</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Emmett</u>
--	---

11. Color or race <u>W</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>27</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>Utah</u>	22. Birthplace (city or place) (State or country) <u>Utah</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Electric Melder</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home wife</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) <u>7</u>	(a) Born alive and now living <u>4</u>	(b) Born alive but now dead <u>2</u>	(c) Stillborn <u>1</u>
--	--	--------------------------------------	------------------------

28. If stillborn, period of gestation <u>7 mo.</u> months or weeks	29. Cause of stillbirth <u>do not know</u>	Before labor <u>yes</u>	During labor _____
--	--	-------------------------	--------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3-45 P M on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) J. H. Reynolds, M. D.or Emmett Ida, Midwife

Address _____

Filed 2-2-, 1937 J. H. Reynolds

Registrar.

Registrar,

of each, in order of birth, stated.

STATE BOARD OF CHINESE

PATIENT

NOTA BENE

NOTA BENE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Address

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho
City of Cottonwood
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 199834

Registration District No. 105 State File No. S

(If born in hospital or institution
give name.)

Prim. Registration District No. 2183 Local Registrar's No. 16

FULL NAME OF CHILD Clifford Riemer (Stillborn)
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Feb. 27</u> 19 <u>32</u> (Month) (Day) (Year)
---------------------------	---	---	--------------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 8 (a) Born alive and now living 5

Born alive but now dead 2 Stillborn 1

FATHER FULL NAME <u>Frank Riemer</u>	MOTHER FULL MAIDEN NAME <u>Maryann Stubbs</u>
---	--

Residence (Usual place of abode) Cottonwood

If non-resident, give place and State _____

Color or race W. Age at last Birthday 39 (Years)

Birthplace Meridian, Kan. (City and State or County)

Occupation Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born-alive } at 11:40 P. M.
on the date above stated.

(Signature) Wesley Orr M.D.

(Physician or midwife)

Address Cottonwood, Ida

Filed Feb. 29 1932 W. F. Orr, Jr. Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 STATE OF NEW YORK
 COUNTY OF ALBANY
 CITY OF ALBANY
 No. 1000
 2

Name of _____
 City of _____
 No. _____
 Date of birth _____
 Sex _____
 Race _____
 Religion _____
 Occupation _____
 Education _____
 Marital status _____
 Date of marriage _____
 Name of spouse _____
 Name of child _____
 Date of birth _____
 Sex _____
 Race _____
 Religion _____
 Occupation _____
 Education _____
 Marital status _____
 Date of marriage _____
 Name of spouse _____

Registration District No. _____
 Local Registrar's No. _____
 State File No. _____
 Date of birth _____
 Sex _____
 Race _____
 Religion _____
 Occupation _____
 Education _____
 Marital status _____
 Date of marriage _____
 Name of spouse _____

Date of birth _____
 Sex _____
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 Name of spouse _____

Date of birth _____
 Sex _____
 Race _____
 Religion _____
 Occupation _____
 Education _____
 Marital status _____
 Date of marriage _____
 Name of spouse _____

Where there was no attending physician
 or midwife, then the attending physician
 etc. should make this return. A child
 is one that neither speaks nor
 shows other evidence of life at birth.

Address _____
 Filed _____
 Date _____
 Signature _____
 Title _____
 Date _____

FORM V. S. No. 5-25 M. 1-19.

1932

CERTIFICATE OF DEATH

RECEIVED MAR 4 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of IdahoCity of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105Primary Registration District No. 2183

(No. _____ St.)

File No. 78307Registered No. 78307

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Clifford Riemer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

Feb. 27 1932
(Month) (Day) (Year)

7. AGE

✓ Yrs. ✓ Mos. ✓ ds.IF LESS than 1 day
how many ✓ hrs.
or ✓ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Cottonwood, Idaho.

10. NAME OF FATHER

Frank Riemer

11. BIRTHPLACE OF FATHER

(State or Country) Herndon, Kansas

12. MAIDEN NAME OF MOTHER

Mary Anna Stubbers

13. BIRTHPLACE OF MOTHER

(State or Country) Cottonwood, Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Riemer(Address) Cottonwood, Ida.

15.

Filed Feb. 28 1932 H. F. Orr Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 27 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Stillborn, to 19that I last saw him alive on 19and that death occurred on the date stated above, at 11:40 AM.

The CAUSE OF DEATH was as follows:

Long difficult labor and malposition.(Duration) Yrs. mos. ds.Contributory
(Secondary)(Duration) Yrs. mos. ds.(Signed) Shesley Orr M. D.2/27/32 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death Yrs. mos. days. In the State Yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Green Creek, Ida. Feb. 28, 1932

20. UNDERTAKER

ADDRESS

F. Baerlocker Green Creek, Ida.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho
City of Grangeville
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

199840

Registration District No. 103 State File No. _____

(If born in hospital or institution give name.)

Prim Registration District No. 1001 Local Registrar's No. 16

FULL NAME OF CHILD

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Feb. 11 - 1932</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 2 (a) Born alive and now living 1
Born alive but now dead 0 Stillborn 1

FULL NAME <u>Erl B. Brainer</u>	FATHER	FULL MAIDEN NAME <u>Lillian M. Slichter</u>	MOTHER
Residence (Usual place of abode) <u>Grangeville Ida</u>		Residence (Usual place of abode) <u>Grangeville Ida</u>	
If non-resident, give place and State _____		If non-resident, give place and State _____	
Color or race <u>white</u> Age at last Birthday <u>29</u> (Years)		Color or race <u>white</u> Age at last Birthday <u>31</u> (Years)	
Birthplace <u>Joplin Mo.</u> (City and State or County)		Birthplace <u>Red Lodge Mont.</u> (City and State or County)	
Occupation <u>Bookkeeper</u>		Occupation <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2 P. M. on the date above stated.

(Signature) B. Chipman

(Physician or midwife)

Address Grangeville Ida.
Filed 3-1-1932 B. Chipman Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1. NAME OF THE PARTY
2. ADDRESS OF THE PARTY
3. DATE OF THE PARTY
4. NAME OF THE PARTY
5. ADDRESS OF THE PARTY
6. DATE OF THE PARTY
7. NAME OF THE PARTY
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137. ADDRESS OF THE PARTY
138. DATE OF THE PARTY
139. NAME OF THE PARTY
140. ADDRESS OF THE PARTY
141. DATE OF THE PARTY

RECEIVED MAR 4 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **78303**

PLACE OF DEATH
County of Idaho
City of Grangeville

CERTIFICATE OF DEATH
Registration District No. 103
Primary Registration District No. 1001
(No. _____)

Local Registrar's No. 5

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Basinger
(a) Residence. No. Grangeville, Idaho
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) Feb. 11, 1932		
7. AGE Stillborn	Years Stillborn	Months Stillborn
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) Grangeville, Idaho
(State or country)

10. NAME OF FATHER Cyril Basinger
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri
12. MAIDEN NAME OF MOTHER Hallie Schlister
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Montana

14. Informant Cyril Basinger
(Address) Grangeville, Idaho

15. Filed 3-1-, 1932
Regist. B. Chipman

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2-11- 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn.
Sholaps of cord
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis?
(Signed) B. Chipman, M. D.
2-11-, 1932 (Address) Grangeville

19. Place of Burial, Cremation, or Removal Grangeville
Date of Burial 2-13- 1932

20. Undertaker Ailor Mortuary
Address _____

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of child stated.

345-122-26-155
1. PLACE OF BIRTH
County of Jefferson
City of Regly - R3
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 199856

Registration District No. 100 State File No. _____
Prim. Registration District No. 2178 Local Registrar's No. 49

2. FULL NAME OF CHILD Infant Jennings Lundquist

3. Sex <u>male</u>	4. Twin, triplet, or other <u>no</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>2-22</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
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9. Full name FATHER
Oscar Earl Lundquist
10. Residence (usual place of abode)
(If non-resident, give place and State) Regly R3
11. Color or race white 12. Age at last birthday 26 (years)

13. Birthplace (city or place)
(State or country) Regly Ida.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work 2-21, 1932
17. Total time (years) spent in this work _____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 9 months or weeks Heart OK. but unable to get respirating system to function Before labor _____
Cause of stillbirth Unknown During labor yes

18. Full maiden name MOTHER
Cleotha Jennings
19. Residence (usual place of abode)
(If non-resident, give place and State) Regly R3
20. Color or race white 21. Age at last birthday 23 (years)

22. Birthplace (city or place)
(State or country) Dona Bonnyville Ida.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house-wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work 2-21, 1932
26. Total time (years) spent in this work _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still-born at 6:40 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. D. Dutheland, M. D.
or _____ Midwife

Give name added from a supplemental report. _____
(DATE OF) _____

Address Regly Idaho
Filed 3-7, 1932
J. P. Young
Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
98

DO NOT WRITE IN THIS SPACE

State File No. **78310**

PLACE OF DEATH

County of **Jefferson**

City of **LaBelle**

Registration District No.

Primary Registration District No. **2176**

Local Registrar's No. **14**

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Baby Lundquist.**

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Male**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **February 22, 1932**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Babe**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Idaho.**
(State or country)

10. NAME OF FATHER **Oscar Earl Lundquist**

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Idaho.**

12. MAIDEN NAME OF MOTHER **Cleotha Jennings**

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Idaho.**

14. Informant **Earl Lundquist**
(Address) **Rigby, Idaho. R. #3**

15. Filed **2/22, 1932** **W. B. Eversell**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **February 22, 1932**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 1932, to Feb. 22, 1932

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Still-born
Cause unknown

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) **W. B. Eversell** M. D.

2-22, 1932 (Address) **Rexburg, Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Annis, Idaho.

Date of Burial

2/22/32¹⁹

20. Undertaker

Address

Rigby

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.E.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

445-208-029-179

1. PLACE OF BIRTH

County of Idaho
City of Moscow
No. 1 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 2-8-32 193 (MONTH, DAY, YEAR)
5. Number, in order of birth _____ Full term yes

9. Full name FATHER Albert P. Dunn

10. Residence (usual place of abode) Moscow Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19 _____

18. Full maiden name MOTHER Minnie S. Agrell

19. Residence (usual place of abode) Moscow Idaho
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Idaho
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
19 _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation 9 months or weeks { 29. Cause of stillbirth False knot of cord { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:15 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) Edmund Strong, M. D.

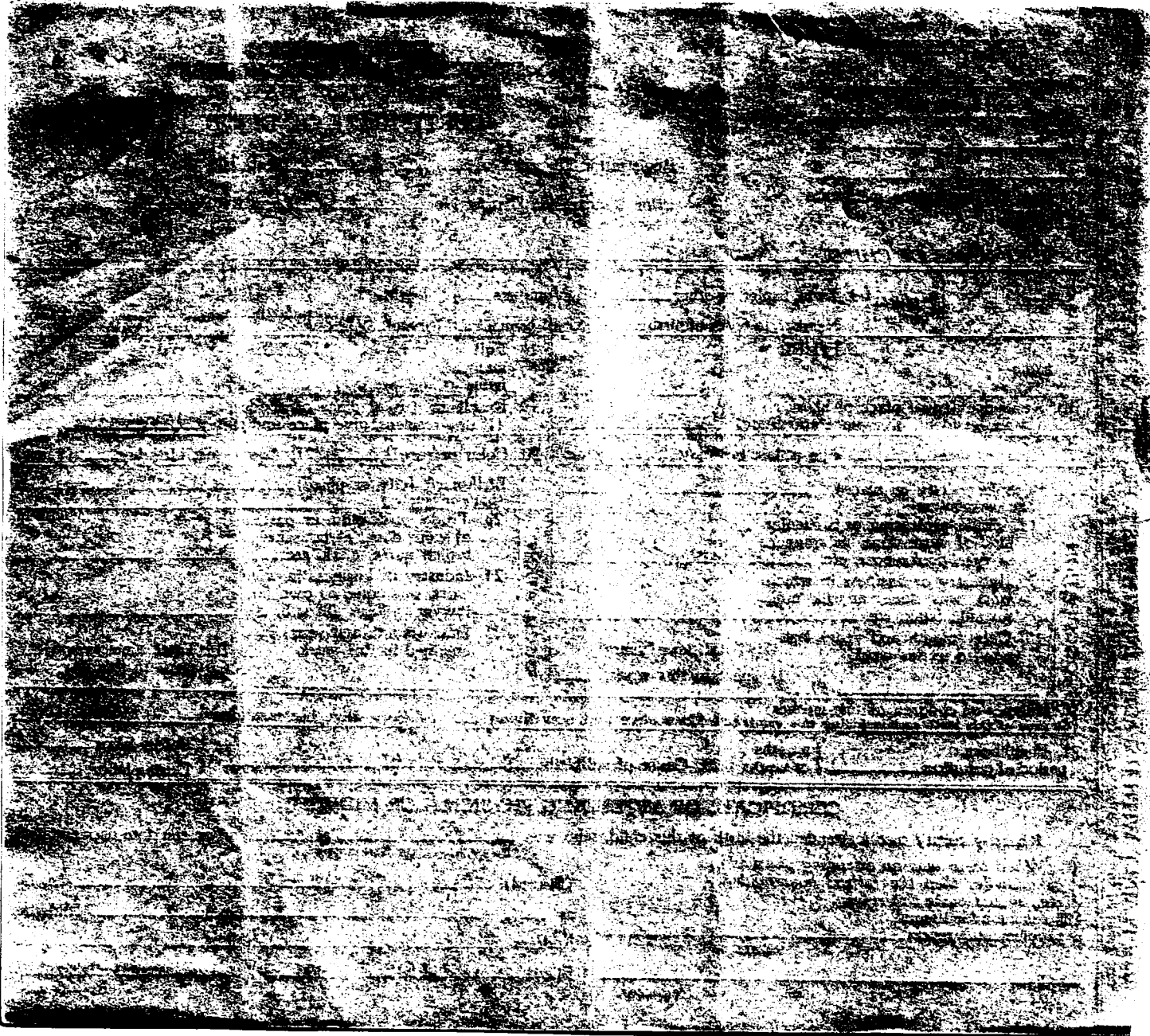
or _____ Midwife

Address Moscow Idaho

Filed 3/3, 1932 Paul Finkhous

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 78336	
PLACE OF DEATH County of <u>Latah</u>		State File No.	
City of <u>Moscow (rural)</u>		Local Registrar's No. <u>13</u>	
Registration District No. <u>61</u>			
Primary Registration District No. <u>1011</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillborn</u>			
(a) Residence. No.		St.	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Feb. 8, 1932</u>			
7. AGE	Years	Months	Days
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Moscow, Ida.</u> (State or country)			
MOTHER FATHER	13. NAME <u>Albert P. Dunn</u>		
	14. BIRTHPLACE (city or town) <u>Quary, Ida.</u> (State or country)		
	15. MAIDEN NAME <u>Minnie Agrell</u>		
	16. BIRTHPLACE (city or town) <u>Moscow, Ida.</u> (State or country)		
	17. INFORMANT <u>Albert P. Dunn</u> (Address) <u>Moscow, Ida.</u>		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow</u> Date <u>Feb. 8</u> , 1932		
	19. UNDERTAKER <u>H. R. Short</u> (Address) <u>Moscow, Ida.</u>		
	20. FILED <u>March 3, 1932</u> <u>John Emboud</u> Registrar.		
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>2/8</u> , 1932			
22. I HEREBY CERTIFY, That I attended deceased from			
....., 193....., to, 193.....			
I last saw h..... alive on, 193.....: death is said to have occurred on the date stated above, at m.			
The principal cause of death and related causes of importance were as follows:			
			Date of onset
<u>Still born baby.</u>			
Other contributory causes of importance: <u>Unkilled cord.</u>			
Name of operation <u>None</u> Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.....			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>W. J. Harrison</u> , M. D.			
(Address) <u>Moscow, Idaho.</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce
City of Peniston, Ida
No. _____ St. _____

STATE OF IDAHO
RECEIVED MAR 11 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

199993

St. Joseph's Hosp.
(If born in hospital or institution
give name.)

Registration District No. 96 State File No. _____

Prim. Registration District No. 1009 Local Registrar's No. _____

FULL NAME OF CHILD

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other?	{ and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Feb. 26</u> 19 <u>32</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth 11 (a) Born alive and now living 7

Born alive but now dead 3 Stillborn one

FATHER
FULL NAME Louise J. R. Pentzer
Residence (Usual place of abode) Caldwell, Ida

It non-resident, give place and State _____
Color or race White Age at last Birthday 40 (Years)
Birthplace Kansas
(City and State or County)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Bertha Mae Woolley
Residence (Usual place of abode) Caldwell, Ida

It non-resident, give place and State _____
Color or race White Age at last Birthday 35 (Years)
Birthplace Oregon
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 10:30 P M.
on the date above stated.

(Signature) D. J. Henry

(Physician or midwife)

Address Peniston, Idaho

Filed Mar. 2, 1932 J. M. Lyle

Register 127

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

78382

State File No.

Registration District No. 76
Primary Registration District No. 1009

Local Registrar's No.....

(No. St Joseph.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME.....Baby Pentzer.

(a) Residence. No. St. Culdesac, Idaho.

(a) Residence. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.	yrs.	mos.	ds.	How long in U. S., if of foreign birth?	yrs.	mos.	ds.
---	------	------	-----	---	------	------	-----

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word) Single.
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **Feb. 26th, 1932**

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or min.
	-----	-----	-----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Infant.**

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town).....**Lewiston,**
(State or country).....**Idaho.**

ER	13. NAME	F. R. Pentzer.
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14. BIRTHPLACE (city or town).....**Kansas.**
(State or country)

ER	15. MAIDEN NAME	Bertha Wooley.
----	-----------------	----------------

16. BIRTHPLACE (city or town).....**Oregon.**
(State or country)

17. INFORMANT (Address) Culdesac, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Gold ridge. Date , 193

19. UNDERTAKER.....Brower-Wann Company.
(Address).....Lewiston, Idaho.

20. FILED Feb. 27, 1933 L. M. [unclear]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26th., 1932

22. I HEREBY CERTIFY, That I attended deceased from.....
Feb - 26, 1932. to Sindale, 1932.

I last saw h alive on Feb 26, 1932; death is said to have occurred on the date stated above, at 10³⁰30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. <u>Myocardial infarction</u>	<u>12/15/58</u>
2. <u>Coronary artery disease</u>	<u>12/15/58</u>
3. <u>Arteriosclerosis</u>	<u>12/15/58</u>
4. <u>Chronic heart failure</u>	<u>12/15/58</u>
5. <u>Chronic obstructive pulmonary disease</u>	<u>12/15/58</u>
6. <u>Chronic kidney disease</u>	<u>12/15/58</u>
7. <u>Chronic liver disease</u>	<u>12/15/58</u>
8. <u>Chronic lung disease</u>	<u>12/15/58</u>
9. <u>Chronic sinusitis</u>	<u>12/15/58</u>
10. <u>Chronic rhinitis</u>	<u>12/15/58</u>
11. <u>Chronic otitis media</u>	<u>12/15/58</u>
12. <u>Chronic tonsillitis</u>	<u>12/15/58</u>
13. <u>Chronic pharyngitis</u>	<u>12/15/58</u>
14. <u>Chronic laryngitis</u>	<u>12/15/58</u>
15. <u>Chronic bronchitis</u>	<u>12/15/58</u>
16. <u>Chronic asthma</u>	<u>12/15/58</u>
17. <u>Chronic emphysema</u>	<u>12/15/58</u>
18. <u>Chronic interstitial lung disease</u>	<u>12/15/58</u>
19. <u>Chronic pulmonary hypertension</u>	<u>12/15/58</u>
20. <u>Chronic cor pulmonale</u>	<u>12/15/58</u>
21. <u>Chronic aortic disease</u>	<u>12/15/58</u>
22. <u>Chronic mitral disease</u>	<u>12/15/58</u>
23. <u>Chronic tricuspid disease</u>	<u>12/15/58</u>
24. <u>Chronic valvular disease</u>	<u>12/15/58</u>
25. <u>Chronic pericardial disease</u>	<u>12/15/58</u>
26. <u>Chronic pleural disease</u>	<u>12/15/58</u>
27. <u>Chronic diaphragmatic disease</u>	<u>12/15/58</u>
28. <u>Chronic abdominal disease</u>	<u>12/15/58</u>
29. <u>Chronic pelvic disease</u>	<u>12/15/58</u>
30. <u>Chronic urogenital disease</u>	<u>12/15/58</u>
31. <u>Chronic endocrine disease</u>	<u>12/15/58</u>
32. <u>Chronic metabolic disease</u>	<u>12/15/58</u>
33. <u>Chronic nutritional disease</u>	<u>12/15/58</u>
34. <u>Chronic infectious disease</u>	<u>12/15/58</u>
35. <u>Chronic parasitic disease</u>	<u>12/15/58</u>
36. <u>Chronic autoimmune disease</u>	<u>12/15/58</u>
37. <u>Chronic neoplastic disease</u>	<u>12/15/58</u>
38. <u>Chronic degenerative disease</u>	<u>12/15/58</u>
39. <u>Chronic traumatic disease</u>	<u>12/15/58</u>
40. <u>Chronic toxic disease</u>	<u>12/15/58</u>
41. <u>Chronic drug-induced disease</u>	<u>12/15/58</u>
42. <u>Chronic allergic disease</u>	<u>12/15/58</u>
43. <u>Chronic idiopathic disease</u>	<u>12/15/58</u>
44. <u>Chronic unknown disease</u>	<u>12/15/58</u>
45. <u>Chronic undetermined disease</u>	<u>12/15/58</u>
46. <u>Chronic unspecified disease</u>	<u>12/15/58</u>
47. <u>Chronic other disease</u>	<u>12/15/58</u>
48. <u>Chronic miscellaneous disease</u>	<u>12/15/58</u>
49. <u>Chronic various disease</u>	<u>12/15/58</u>
50. <u>Chronic multiple disease</u>	<u>12/15/58</u>
51. <u>Chronic combined disease</u>	<u>12/15/58</u>
52. <u>Chronic mixed disease</u>	<u>12/15/58</u>
53. <u>Chronic complex disease</u>	<u>12/15/58</u>
54. <u>Chronic multifactorial disease</u>	<u>12/15/58</u>
55. <u>Chronic polymorphic disease</u>	<u>12/15/58</u>
56. <u>Chronic heterogeneous disease</u>	<u>12/15/58</u>
57. <u>Chronic diverse disease</u>	<u>12/15/58</u>
58. <u>Chronic varied disease</u>	<u>12/15/58</u>
59. <u>Chronic dissimilar disease</u>	<u>12/15/58</u>
60. <u>Chronic different disease</u>	<u>12/15/58</u>
61. <u>Chronic distinct disease</u>	<u>12/15/58</u>
62. <u>Chronic separate disease</u>	<u>12/15/58</u>
63. <u>Chronic independent disease</u>	<u>12/15/58</u>
64. <u>Chronic isolated disease</u>	<u>12/15/58</u>
65. <u>Chronic individual disease</u>	<u>12/15/58</u>
66. <u>Chronic single disease</u>	<u>12/15/58</u>
67. <u>Chronic one disease</u>	<u>12/15/58</u>
68. <u>Chronic few disease</u>	<u>12/15/58</u>
69. <u>Chronic many disease</u>	<u>12/15/58</u>
70. <u>Chronic several disease</u>	<u>12/15/58</u>
71. <u>Chronic numerous disease</u>	<u>12/15/58</u>
72. <u>Chronic countable disease</u>	<u>12/15/58</u>
73. <u>Chronic enumerable disease</u>	<u>12/15/58</u>
74. <u>Chronic innumerable disease</u>	<u>12/15/58</u>
75. <u>Chronic uncountable disease</u>	<u>12/15/58</u>
76. <u>Chronic infinite disease</u>	<u>12/15/58</u>
77. <u>Chronic limitless disease</u>	<u>12/15/58</u>
78. <u>Chronic boundless disease</u>	<u>12/15/58</u>
79. <u>Chronic immeasurable disease</u>	<u>12/15/58</u>
80. <u>Chronic incalculable disease</u>	<u>12/15/58</u>
81. <u>Chronic uncalculable disease</u>	<u>12/15/58</u>
82. <u>Chronic uncomputable disease</u>	<u>12/15/58</u>
83. <u>Chronic unreckonable disease</u>	<u>12/15/58</u>
84. <u>Chronic unnumbered disease</u>	<u>12/15/58</u>
85. <u>Chronic unquantifiable disease</u>	<u>12/15/58</u>
86. <u>Chronic unmeasurable disease</u>	<u>12/15/58</u>
87. <u>Chronic ungradable disease</u>	<u>12/15/58</u>
88. <u>Chronic unrankable disease</u>	<u>12/15/58</u>
89. <u>Chronic unorderable disease</u>	<u>12/15/58</u>
90. <u>Chronic unclassifiable disease</u>	<u>12/15/58</u>
91. <u>Chronic untypable disease</u>	<u>12/15/58</u>
92. <u>Chronic unidentifiable disease</u>	<u>12/15/58</u>
93. <u>Chronic unrecognizable disease</</u>	

Steebarn - infant

remains:
no other had hypertension,
nephritis & cholelarytitis!

Other contributory causes of importance:

Induced premature
labors at about
7mo:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

210 If so, specify.....

(Signed) James G. Thompson M. D.

(Address) Leviston, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLAINE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

6 99-125-035-415

1. PLACE OF BIRTH

County of Logan

City of Leamington

No. Joseph's St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male

If plural births

4. Twin, triplet, or other X

6. Premature Yes

7. Legitimate? Yes

8. Date of birth Feb. 25, 1932
(MONTH, DAY, YEAR)

9. Full name

FATHER

David A. Wright

10. Residence (usual place of abode)
(If non-resident, give place and State) Caldesara

11. Color or race Wh

12. Age at last birthday 37 (years)

13. Birthplace (city or place)
(State or country) California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mgr. of warehouse

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

OCCUPATION

18. Full maiden name

MOTHER

Mayme Davis

19. Residence (usual place of abode)
(If non-resident, give place and state) Caldesara

20. Color or race Wh

21. Age at last birthday 29 (years)

22. Birthplace (city or place)
(State or country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. W

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, period of gestation 7 months or weeks

29. Cause of stillbirth Ante-parturient Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10:22am on the date above stated.
(Born alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) L. D. Krasak, M. D.

or _____, Midwife

Address Leamington, Idaho

Filed Mar. 2, 1932 J. M. Lyle Registrar

Registrar.

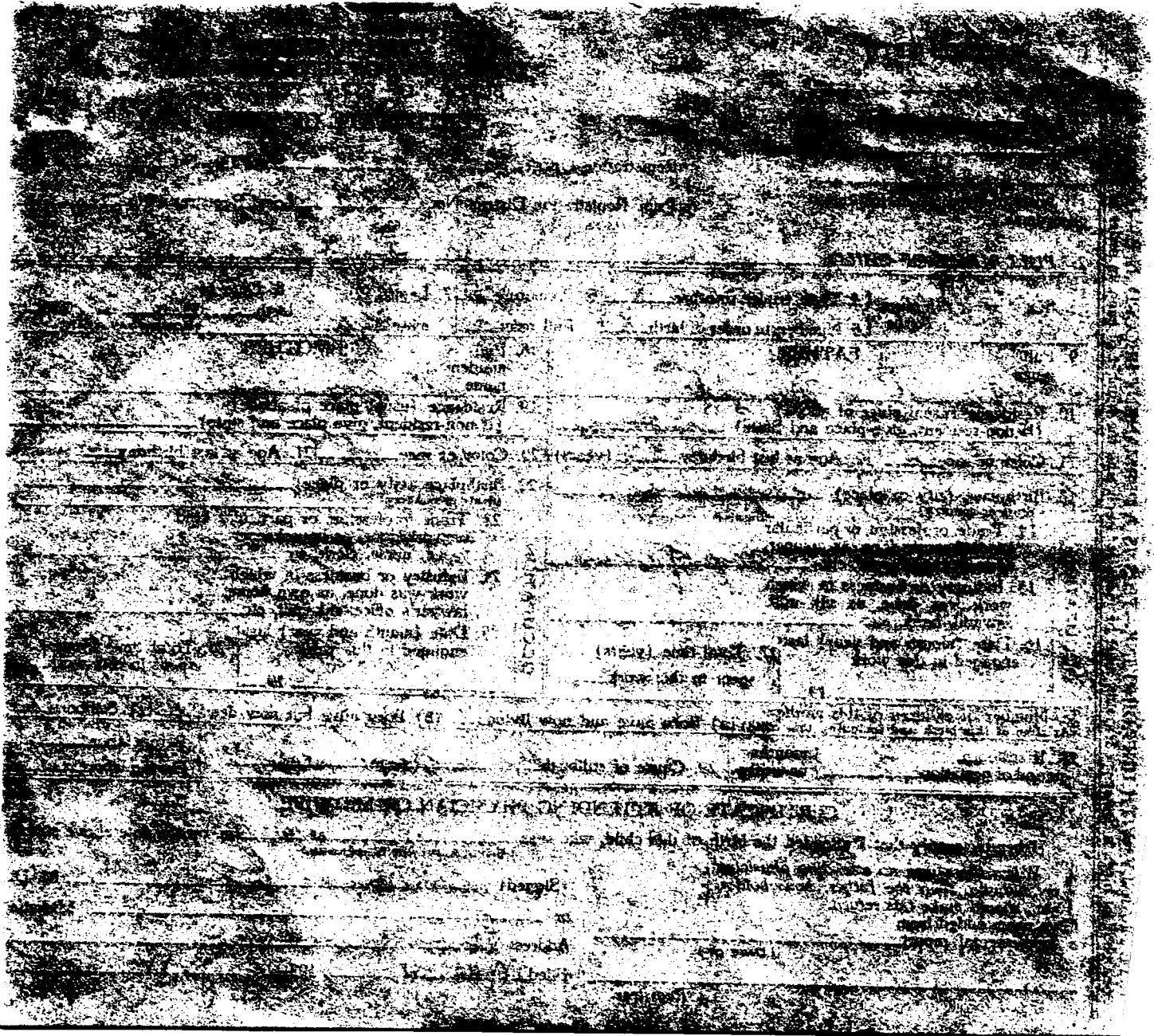
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

200009

Registration District No. 96 State File No. _____

Prim. Registration District No. 1009 Local Registrar's No. _____



RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 78376

PLACE OF DEATH
County of Nezperce
City of Lewiston

CERTIFICATE OF DEATH
Registration District No. 96
Primary Registration District No. 1009
(No. St. Joseph Hospital.)

Local Registrar's No. 206

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wright.

(a) Residence. No. Culdesac St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 26. 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Premature Birth.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston
(State or country) Ida.

10. NAME OF FATHER David A. Wright.

11. BIRTHPLACE OF FATHER (city or town) Blue Lake
(State or Country) Calif.

12. MAIDEN NAME OF MOTHER Mamie Davis

13. BIRTHPLACE OF MOTHER (city or town) Deary
(State or Country) Ida.

14. Informant D.A. Wright
(Address) Culdesac, Ida.

15. Filled Feb. 27, 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 25, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1932 to Feb 25, 1932
that I last saw him alive on Feb 25, 1932
and that death occurred, on the date stated above, at 10 P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.
CONTRIBUTOR Heart Nephritis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death? no

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. Black M. D.

2/27, 1932 (Address) Clarkston

19. Place of Burial, Cremation, or Removal Clarkston Wash. Date of Burial 2/27 1932

20. Undertaker HR Merchant Address Clarkston

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women** at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

799213-236-753
PLACE OF BIRTH

County of Owada
City of Samarita
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

200029

S

(If born in hospital or institution
give name.)

Registration District No. 74 State File No.

Prim. Registration District No. 2069 Local Registrar's No. 19

FULL NAME OF CHILD.....
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>2-13</u> 19 <u>32</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

Number of child of this mother, including present birth. 10 (a) Born alive and now living. 7

Born alive but now dead. Stillborn 1

FATHER FULL NAME <u>Ernest Price</u>	MOTHER FULL MAIDEN NAME <u>Delora Peterson</u>
---	---

Residence (Usual place of abode) Samarita, Ida.

It non-resident, give place and State.

Color or race White Age at last Birthday 43 (Years)

Birthplace Samarita, Ida. (City and State or County)

Occupation Farmer

It non-resident, give place and State.

Color or race White Age at last Birthday 40 (Years)

Birthplace Samarita, Ida. (City and State or County)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:10 A.M.
on the date above stated.

(Signature) J. M. Kerner

(Physician or midwife)

Address Samarita, Ida.

Filed 7/29/32 1932 J. M. Kerner
Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

1. The first group of people who are not in the majority are those who are not in the majority of the population. This group is the largest and most diverse. It includes people of different ethnicities, religions, and social classes. They are often the most vulnerable to discrimination and oppression.

1944

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		78385	
County of <u>Oreida</u>	City of <u>Samaria</u>	Registration District No. <u>26</u>	Primary Registration District No. <u>2069</u>	Local Registrar's No. <u>7</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillman Price</u>					
(a) Residence. No. <u>Samaria Id</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 13. 32</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or min.	
	0	0	0		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Samaria</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Evan M. Price</u>				
	14. BIRTHPLACE (city or town) <u>Samaria</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Deloria Petersen</u>				
MOTHER	16. BIRTHPLACE (city or town) <u>Emoville</u> (State or country) <u>Utah</u>				
	17. INFORMANT <u>Evan Price</u> (Address) <u>Samaria</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Samaria Id</u> Date <u>Feb. 13 1932</u>					
19. UNDERTAKER <u>Coval Price</u> (Address) <u>Samaria Id</u>					
20. FILED <u>2/19</u> , 1932 <u>J. M. Kerns</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Feb. 13. 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to <u>Feb. 13</u> , 1932					
I last saw <u>Stillman Price</u> , 1932; death is said to have occurred on the date stated above, at <u>3:00 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Stillman Price</u> <u>Placenta forming</u> <u>Causing Haemorrhage</u>					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>J. M. Kerns</u> , M. D.					
(Address) <u>Samaria Id</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 200046
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Parmer
City of Parma Falls, Idaho
No. _____ St. Bethany
(If born in hospital or institution give name.)

Registration District No. 25 State File No. S
Prim. Registration District No. 2072 Local Registrar's No. 7

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 7, 1932</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER
Thomas J. Thornton
10. Residence (usual place of abode)
(If non-resident, give place and State) Parma Falls, Idaho

18. Full maiden name MOTHER
Constance Hunt
19. Residence (usual place of abode)
(If non-resident, give place and State) Parma Falls, Idaho

11. Color or race white Age at last birthday 45 (years)

20. Color or race white 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or country) Idaho

22. Birthplace (city or place) (State or country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
_____, 19____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
_____, 19____

27. Number of children of this mother 5
(At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, { months { 29. Cause of stillbirth Premature { Before labor _____
period of gestation _____ or weeks { During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:15 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)
{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }
Give name added from _____ (DATE OF) _____
a supplemental report _____

Registrar.
(Signed) C. E. Logan, M. D.
or _____, Midwife
Address _____
Filed Feb. 1, 1932 Garrison North
Registrar.

1. Name of patient (Print name)
 2. Date of birth (Month, day, year)
 3. Sex (Male or Female)
 4. Race (White, Negro, etc.)
 5. Religion (Catholic, Protestant, etc.)
 6. Address (Street, city, state, zip)
 7. Telephone (Area code, number)
 8. Hospital (Name, address, city, state, zip)
 9. Physician (Name, address, city, state, zip)
 10. Insurance (Name, address, city, state, zip)
 11. Signature of patient (Print name)
 12. Signature of physician (Print name)
 13. Signature of hospital (Print name)
 14. Signature of insurance (Print name)
 15. Signature of patient (Print name)
 16. Signature of physician (Print name)
 17. Signature of hospital (Print name)
 18. Signature of insurance (Print name)
 19. Signature of patient (Print name)
 20. Signature of physician (Print name)
 21. Signature of hospital (Print name)
 22. Signature of insurance (Print name)

1. Name of patient (Print name) _____
 2. Date of birth (Month, day, year) _____
 3. Sex (Male or Female) _____
 4. Race (White, Negro, etc.) _____
 5. Religion (Catholic, Protestant, etc.) _____
 6. Address (Street, city, state, zip) _____
 7. Telephone (Area code, number) _____
 8. Hospital (Name, address, city, state, zip) _____
 9. Physician (Name, address, city, state, zip) _____
 10. Insurance (Name, address, city, state, zip) _____
 11. Signature of patient (Print name) _____
 12. Signature of physician (Print name) _____
 13. Signature of hospital (Print name) _____
 14. Signature of insurance (Print name) _____
 15. Signature of patient (Print name) _____
 16. Signature of physician (Print name) _____
 17. Signature of hospital (Print name) _____
 18. Signature of insurance (Print name) _____
 19. Signature of patient (Print name) _____
 20. Signature of physician (Print name) _____
 21. Signature of hospital (Print name) _____
 22. Signature of insurance (Print name) _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		State File No. 78397	
County of <u>Power</u>			
City <u>Grangeville, Idaho</u>			
CERTIFICATE OF DEATH			
Registration District No. <u>24</u>			
Primary Registration District No. <u>2012</u>		Local Registrar's No. <u>3</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillborn</u>			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) _____	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>February 7, 1932</u>			
7. AGE <u>Stillborn</u>	Years _____ Months _____ Days _____	LESS than _____ day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
	11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) _____ (State or country) _____			
MOTHER	13. NAME <u>Thomas J. Thornton</u>		
	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) _____		
	15. MAIDEN NAME <u>Consuelly Hunt</u>		
	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) _____		
	17. INFORMANT <u>Thomas J. Thornton</u> (Address) _____		
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193 _____			
19. UNDERTAKER _____ (Address) _____			
20. FILED <u>Feb. 1</u> , 193 <u>2</u> <u>Genuine Note</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) _____ 193 _____			
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 _____ <u>Stillborn</u>			
I last saw _____ alive on _____, 193 _____; death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows: <u>Premature</u> <u>Stillborn</u>			
Date of onset _____			
Other contributory causes of importance: _____			
Name of operation _____		Date of _____	
What test confirmed diagnosis? _____		Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>V. J. Tolan</u> , M. D. (Address) _____			

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson
City of Duggs
No. _____ St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 77 State File No. _____

Prim. Registration District No. 2176 Local Registrar's No. 17

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>m</u>	Twin Triplet or other? _____	and {	Number in order of birth	Legiti- mate? <u>+</u>	Date of birth <u>1/18</u>	<u>1932</u>
(To be answered only in event of plural births)					(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 0

Number of child of this mother, including present birth 8 (a) Born alive and now living 7

Born alive but now dead 1 Stillborn 1

FATHER FULL NAME <u>Lawrence Duggs</u>	MOTHER FULL MAIDEN NAME <u>Emily Bower</u>
Residence (Usual place of abode) <u>Duggs, Ia.</u>	Residence (Usual place of abode) <u>Ia.</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>41</u> (Years)	Color or race <u>W.</u> Age at last Birthday <u>38</u> (Years)
Birthplace <u>D. C., Wt.</u> (City and State or County)	Birthplace <u>Wt.</u> (City and State or County)
Occupation <u>Smith</u>	Occupation <u>H. W.</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 10 30 P. M.
on the date above stated.

(Signature) H. R. Repner, M.D.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

(Physician or midwife)
Duggs, Ia.

Address _____

Filed 3-1- 1932 Albie M. Greene

Registrar.

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 200099

RECEIVED MAR 8 1932
S

I hereby certify that I attended the birth of this child, who was born on _____ at _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

Name of Child _____
Sex _____
Date of Birth _____
Place of Birth _____
Name of Mother _____
Name of Father _____
Occupation _____
Address _____
City and State or Country _____
Date of Issue _____
Signature of Physician or Midwife _____
Name _____
Address _____
City and State or Country _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

PHYSICIAN

RECEIVED MAR 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78422

PLACE OF DEATH

County of Teton
City of Driggs

CERTIFICATE OF DEATH

Registration District No. 77
Primary Registration District No. 2176
(No.)

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1/18/32

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Driggs, Idaho
(State or country)

10. NAME OF FATHER Lawrence Griggs

11. BIRTHPLACE OF FATHER (city or town) D. C.
(State or Country) Wash

12. MAIDEN NAME OF MOTHER Emily Bonveter

13. BIRTHPLACE OF MOTHER (city or town) Wash
(State or Country)

14. Informant Mrs. L. Griggs
(Address)

15. Filed 3-1-, 1932

Abbie M. Greene
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 - 18 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 1/18, 1932

that I last saw him alive on 19.....
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Still born.
No life for over two weeks
(Dystocia)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? L.P. Reson, M. D.
(Signed) 1/19, 1932 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal Driggs Cemetery, Driggs, Idaho Date of Burial 1/19, 1932
20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

36-115-242-242
PLACE OF BIRTH
County of Twin Falls Idaho
City of Twin Falls
No. 75-2-2nd Ave East

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED MAR 16-1932

CERTIFICATE OF BIRTH

S 200110
62

Private Sanatorium Registration District No. 37 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 1085 Local Registrar's No. 62
FULL NAME OF CHILD Billie Dale Cogswell
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u></u>	Date of birth <u>Feb 15 1932</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 0

Number of child of this mother, including present birth One (a) Born alive and now living no

Born alive but now dead — Stillborn Stillborn

FATHER <u>Billie Dale Cogswell</u>	FULL MAIDEN NAME <u>Kathleen Bush</u>
---------------------------------------	--

Residence (Usual place of abode) Twin Falls Idaho Residence (Usual place of abode) Twin Falls Idaho

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race Caucasian at last Birthday 25 (Years) Color or race white at last Birthday 23 (Years)

Birthplace Grand Junction Colo Birthplace Willington Colo

(City and State or County) (City and State or County)

Occupation Service Station Rep Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2 minutes PM on the date above stated.

(Signature) W. G. Emmett

(Physician or midwife)

Address Twin Falls Colo

Filed _____ 19 _____

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of *Trinity Falls*
City of *Trinity Falls*
Registration District No.
Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. **78435**Local Registrar's No. **32**(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME *Bellie Dale Cogswell*(a) Residence. No. *Mrs. Wood's Sanatorium* St.
(Usual place of abode)Length of residence in city or town where death occurred. *0* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? . yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *0*

6. DATE OF BIRTH (month, day, and year)

7. AGE Years *0* Months *0* Days *0* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Trinity Falls, Ida.*
(State or country)13. NAME *Dale Cogswell*14. BIRTHPLACE (city or town) *Idaho*
(State or country)15. MAIDEN NAME *Kathleen Bush*16. BIRTHPLACE (city or town) *Wellington, Colo.*
(State or country)17. INFORMANT (Address) *Mrs. A. Lee Johnson, Trinity Falls, Ida.*18. BURIAL, CREMATION, OR REMOVAL Place *716* Date *1932*19. UNDERTAKER (Address) *Trinity Falls, Ida.*20. FILED *716*, 1932 *Elizabeth J. Smith* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *2-15*, 193222. I HEREBY CERTIFY, That I attended deceased from *Birth 2-15*, 1932, to *2-15*, 1932.I last saw him alive on *Still home*, 1932; death is said to have occurred on the date stated above, at *Trinity Falls*. The principal cause of death and related causes of importance were as follows:*Detached (partial) causing starvation.*

Other contributory causes of importance:

*Still home (starvation)*Name of operation *None* Date of *2-15-32*What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *None*, 1932.Where did injury occur? *None*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *None*(Signed) *Elizabeth J. Smith*, M. D.(Address) *Trinity Falls, Ida.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls
City of Twin Falls
No. 752-2nd Ave. E.
Private Sanitarium

(If born in hospital or institution give name.)

RECEIVED MAR 16 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 200127

Registration District No. 37 State File No. S

Prim. Registration District No. 1080 Local Registrar's No. 64

2. FULL NAME OF CHILD

Shirley Jean Shepherd Stillbirth

3. Sex Female { 4. Twin, triplet, or other — 5. Number, in order of birth — 6. Premature ✓ 7. Legitimate? Yes 8. Date of birth Feb. 14, 1932
(MONTH, DAY, YEAR)

9. Full name Ray Verne Shepherd FATHER
10. Residence (usual place of abode) Twin Falls
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 38 (years)
13. Birthplace (city or place) Scottsbluff, N. C.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fitter Operator
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work — 17. Total time (years) spent in this work 5

18. Full maiden name Jonna Mary Williams MOTHER
19. Residence (usual place of abode) Twin Falls
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 32 (years)
22. Birthplace (city or place) Piney Creek, N. C.
(State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
25. Date (month and year) last engaged in this work — 26. Total time (years) spent in this work —

27. Number of children of this mother 4
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn One

28. If stillborn, period of gestation 7 1/2 months or weeks { 29. Cause of stillbirth Separation of Placenta Before labor ✓ During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 A. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. E. Lengerswalter M. D.

or — Midwife
Address Twin Falls, Idaho

Filed 3/5 1932 Elizabeth J. Smith
Registrar

Registrar.



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RECEIVED MAR 16 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78436

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No.

Primary Registration District No.

Local Registrar's No. 3/

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Shepherd, (Shirley Jean)

(a) Residence. No. 100 S. Wood St. Twin Falls

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 0

6. DATE OF BIRTH (month, day, and year) Feb. 14/1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, Ida. (State or country)

13. NAME Ray Vern Shepherd

14. BIRTHPLACE (city or town) Scottville, F.C. (State or country)

15. MAIDEN NAME Dorna Mary Williams

16. BIRTHPLACE (city or town) Piner Creek, F.C. (State or country)

17. INFORMANT R.C. Shepherd (Address) Twin Falls, Ida.

18. BURIAL, CREMATION, OR REINTERMENT Place Twin Falls Date 2/15/1932

19. UNDERTAKER (Address) Twin Falls

20. FILED 2/16/1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1932

22. HEREBY CERTIFY, That I attended deceased from Feb. 14, 1932, to 2-14, 1932.

I last saw her alive on 0, 1932; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Still born.

Premature separation of placenta.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J.E. Gangerwalter, M.D.

(Address) Twin Falls

MARGIN RESERVED FOR BINDING In handwritten N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

318-123-201-135
PLACE OF BIRTH

County of Ada
City of Besse
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 11 1932

CERTIFICATE OF BIRTH

S 200178

Registration District No. 2 State File No. 148
Prim. Registration District No. 1004 Local Registrar's No. _____
FULL NAME OF CHILD Stanley Luther Taylor
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>→</u> { and { Number in order of birth	Legiti- mate? <u>yu</u>	Date of birth <u>Mar 23 1932</u>
	(To be answered only in event of plural births)		(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 0

Number of child of this mother, including present birth. 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Luther B. Taylor</u>	MOTHER FULL MAIDEN NAME <u>Reuby L. Alexander</u>
---	--

Residence (Usual place of abode) Besse, Ida Residence (Usual place of abode) Besse, Ida

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race White Age at last Birthday 36 Color or race White Age at last Birthday 27
(Years) (Years)

Birthplace Paradise, Cal. Birthplace Paradise, Nev.
(City and State or County) (City and State or County)

Occupation Farming Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated. Stillborn at 2:25 P. M.

(Signature) J. M. Taylor

(Physician or midwife)

Address Besse, Idaho

Filed 3-26-32 W. H. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF NEW YORK
 COUNTY OF ALBANY
 JUDICIAL DISTRICT OF FIRST

IN SENATE
 January 1, 1911
 REPORT OF THE
 COMMISSIONERS OF THE LAND OFFICE
 IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
 MAY 1, 1909
 ALBANY: J.B. LEECH, STATE PRINTER, 1911.

ALBANY: J.B. LEECH, STATE PRINTER, 1911.
 THE COMMISSIONERS OF THE LAND OFFICE
 HAVE THE HONOR TO ACKNOWLEDGE THE RECEIPT OF
 THE REPORT OF THE COMMISSIONERS OF THE LAND OFFICE
 IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
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ALBANY: J.B. LEECH, STATE PRINTER, 1911.
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 MAY 1, 1909.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 78497 State File No.	
PLACE OF DEATH County of <u>Ada</u> City of <u>Boise.</u>		CERTIFICATE OF DEATH Registration District No. <u>2</u> Primary Registration District No. <u>1004</u> (No. <u>St. Lukes Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Stanley Luther Taylor.</u>		Local Registrar's No. <u>88</u> 161-9	
(a) Residence. No. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.		(If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----			
6. DATE OF BIRTH (month, day, and year) <u>Moh. 23-1932</u>			
7. AGE	Years	Months	Days
		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)		<u>Boise, Idaho.</u>	
13. NAME <u>Luther E. Taylor.</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Peublo, Colo.</u>			
15. MAIDEN NAME <u>Renby L. Alexander.</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Paradise, Nev.</u>			
17. INFORMANT (Address) <u>Luther E. Taylor, Eagle, Route #1</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>3/23/32</u> 193			
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>			
20. FILED <u>3-23</u> , 193 <u>W H Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>3/23/32</u> 193			
22. I HEREBY CERTIFY, That I attended deceased from <u>Mch. 23</u> , 1932, to <u>Mch 23</u> , 1932. I last saw him alive on <u>still born</u> , 1932; death is said to have occurred on the date stated above, at <u>3 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Premature birth</u> Date of onset			
Other contributory causes of importance: <u>Very difficult delivery and laceration of mother</u>			
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>J. M. Taylor</u> , M. D. (Address) <u>Boise, Idaho.</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH

County of Idaho
 City of Boise
 No. 3106 Jefferson St.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 200190

Registration District No. 2 State File No. _____Prim. Registration District No. 1004 Local Registrar's No. 121

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child

MTwin
Triplet
or other?

} and {

Number
in order
of birthLegitimate? yes

Date of birth

331932

(Month)

(Day)

(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 5 (a) Born alive and now living 4Born alive but now dead 0 Stillborn 0FATHER
FULL NAME Doningo AbarrateguiResidence (Usual place of abode) 316 E. Jefferson St.

If nonresident, give place and State _____

Color or race White Age at last Birthday 40

(Years)

Birthplace Spain

(City and State or Country)

Occupation BusinessmanMOTHER
FULL MAIDEN NAME Benivita LabicaResidence (Usual place of abode) same

If nonresident, give place and State _____

Color or race White Age at last Birthday 26

(Years)

Birthplace Spain

(City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 8:30 P M.
 on the date above stated. pregnancy 6 1/2 mos

(Signature) H. F. West M.D.

(Physician or midwife)

Address Boise IdahoFiled 3-5 1932 W.H. Rhodes

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2290130

Printed Name: District

111

Printed Name: District

Printed Name: District

Printed Name: District

Printed Name: District

Printed Name: District

Printed Name: District

Printed Name: District

Printed Name: District

Printed Name: District

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH			COUNTY OF <u>Ada</u>			78490	
City of <u>Boise</u>			Registration District No. <u>2</u>			State File No. <u>72</u>	
Primary Registration District No. <u>1004</u>			Local Registrar's No. <u>72</u>				
1. DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER. <u>310 E. Jefferson</u> (No. <u>1111</u>)							
2. FULL NAME <u>Baby D. Abarrategui</u>							
(a) Residence. No. <u>310 E. Jefferson</u> St. <u></u> (If nonresident give city or town and state)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>Still born</u>							
7. AGE Years		Months		Days If LESS than 1 day, hrs. or min.			
OCCUPATION				8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
				9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
				10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				Date of onset			
12. BIRTHPLACE (city or town) (State or country) <u>Boise</u>							
13. NAME <u>Domingo Abarrategui</u>							
14. BIRTHPLACE (city or town) (State or country) <u>Spain</u>							
15. MAIDEN NAME <u>Benita Gabica</u>							
16. BIRTHPLACE (city or town) (State or country) <u>Spain</u>							
17. INFORMANT (Address) <u>Domingo Abarrategui</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Boise</u> Date <u>3-4-1932</u>							
19. UNDERTAKER (Address) <u>Schmidt & W. Bauer</u>							
20. FILED <u>3-7</u> , 193 <u>2</u> Registrar. <u>W. H. Rhodes</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>3-3-1932</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u></u> , 193 <u></u> , to <u></u> , 193 <u></u> .							
I last saw him alive on <u></u> , 193 <u></u> : death is said to have occurred on the date stated above, at <u></u> m.							
The principal cause of death and related causes of importance were as follows:							
<u>Still born.</u>							
Other contributory causes of importance:							
<u>6 1/2 months pre-natal none</u>							
Name of operation <u></u> Date of <u></u>							
What test confirmed diagnosis? <u>Size</u> Was there an autopsy? <u></u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u> .							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury <u></u>							
Nature of injury <u></u>							
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>							
If so, specify <u>no</u>							
(Signed) <u>W. H. Rhodes</u> , M. D.							
(Address) <u>Boise, Idaho.</u>							

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased has retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock
City of Grace
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **200248**

Registration District No. 84 State File No. _____

Prim. Registration District No. 2161 Local Registrar's No. 1013

2. FULL NAME OF CHILD Stillborn

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb 22, 1932</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <u>no</u>		

9. Full name FATHER
G. Clive Chatterton
10. Residence (usual place of abode)
(If non-resident, give place and State) Grace, Ida
11. Color or race _____ 12. Age at last birthday _____ (years)

13. Birthplace (city or place)
(State or country) _____
OCCUPATION {
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
_____, 19____

18. Full maiden name MOTHER
Oliver Windard
19. Residence (usual place of abode)
(If non-resident, give place and state) Grace
20. Color or race W 21. Age at last birthday 41 (years)
22. Birthplace (city or place)
(State or country) Idaho
OCCUPATION {
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
_____, 19____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 7 1/2 { months or weeks } 29. Cause of stillbirth Difficult labor { Before labor _____ During labor yes }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:30 PM on the date above stated.

(Signed) B. J. Fanning M. D.

or _____ Midwife

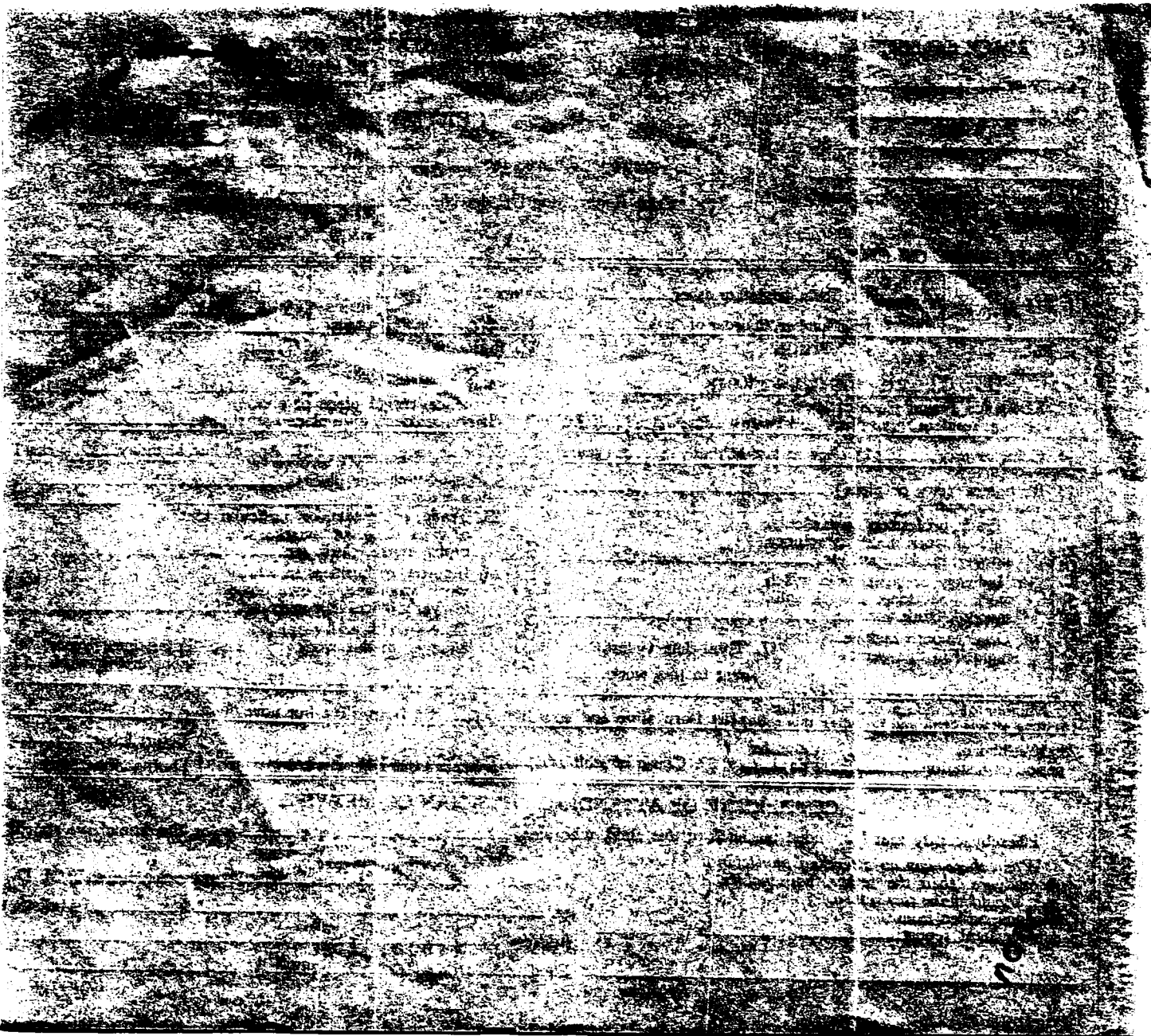
Address Grace, Ida

Filed Mar 21, 1932 Mr. J. J. Felt

Registrar

Registrar

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF) _____



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of BannockCity of ParisNo. 705 So. Arthur(If born in hospital or institution
give name.) General

FULL NAME OF CHILD

Registration District No. 20 State File No. 200275Prim. Registration District No. 216 Local Registrar's No. 696

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
ChildMALETwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? yesDate of
birthJuly 251932

(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0Born alive but now dead. — Stillborn 1FULL
NAME

FATHER

Lester William EvansFULL
MAIDEN
NAME

MOTHER

Ellen Jenkins

Residence (Usual place of abode)

705 So. Arthur

Residence (Usual place of abode)

Same

If non-resident, give place and State

White City

If non-resident, give place and State

Color or race White Age at last Birthday 24

(Years)

Color or race White Age at last Birthday 22

(Years)

Birthplace
(City and State or County)Arbon Id.Birthplace
(City and State or County)Samaria Id.

Occupation

laborer

Occupation

Id.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 1309 M.
on the date above stated.(Signature) D. C. Ray

(Physician or midwife)

Address Paris, IdahoFiled 3-31 1932 D. C. Ray

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

78197

Registration District No. 26
Primary Registration District No. 2161
(No. Pocatello General Hospital)

Local Registrar's No. 265

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Evans
(a) Residence. No. 705 South Arthur St. Pocatello, Idaho

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho
(State or country)

13. NAME L. W. Evans

14. BIRTHPLACE (city or town) Brigham City, Utah
(State or country)

15. MAIDEN NAME Eileen Jenkins

16. BIRTHPLACE (city or town) Samaria, Idaho
(State or country)

17. INFORMANT L. W. Evans
(Address) 705 South Arthur

18. BURIAL, CREMATION, OR REMOVAL
Place Samaria, Idaho Date 2/27, 193 2

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 2-26, 193 2 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from.....
193....., to Feb 25, 193 2

I last saw him alive on....., 193.....; death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance

were as follows:

died in utero
Premature
mother - Chronic cardio
carditis - edema

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) D C Ray M. D.(Address) Pocatello Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of ocatello
No. 101 S. Johnson St.
ocatello General Hospital
(If born in hospital or institution give name.)

RECEIVED APR 9 1937
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
S
CERTIFICATE OF BIRTH 200287

Registration District No. 28 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 704

2. FULL NAME OF CHILD Donald Ray Burge *(Sheeborn)*

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>March 2,</u> 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>FATHER</u> <u>Ray Orin Burge</u>			18. Full maiden name <u>MOTHER</u> <u>Marjorie Beatrice Lindley</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Arbon, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Arbon Idaho</u>		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>23</u> (years)			21. Age at last birthday <u>17</u> (years)		
13. Birthplace (city or place) <u>Centralia, Illinois</u> (State or country)			22. Birthplace (city or place) <u>Valad Idaho</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Father's Farm</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>Present time, 19</u>				25. Date (month and year) last engaged in this work <u>Present</u>
17. Total time (years) spent in this work <u>1</u>			26. Total time (years) spent in this work <u>10</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
28. If stillborn, Full term (months or weeks) _____			29. Cause of stillbirth _____		
Before labor _____			During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.
Give name added from
a supplemental report _____
(DATE OF) _____

(Signed) D. Cray, M. D.
or _____ Midwife
Address ocatello, Idaho
Filed 3-31, 1932 D. Cray
Registrar. Registrar.



[The following text is extremely faint and largely illegible due to heavy noise and redaction. It appears to be a multi-paragraph document, possibly a letter or report, with several lines of text visible on both the left and right pages. Some words like "Sincerely" and "Very truly yours" are faintly discernible in the right column.]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		78522	
PLACE OF DEATH		COUNTY OF		State File No.	
County of <u>Bannock</u>		City of <u>Pocatello</u>			
Registration District No. <u>2</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>270</u>	
(No. <u>General Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Donald Ray Borge</u>					
(a) Residence. No. <u>Osborn</u> <u>Idaho</u> St. <u></u>		(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>Mar 2 1932</u>					
7. AGE Years <u>Still Born</u>		Months <u></u>		Days <u></u>	
If LESS than 1 day, hrs. or min. <u></u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>					
10. Date deceased last worked at this occupation (month and year) <u></u>					
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>					
13. NAME <u>Ray Borge</u>					
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Marjorie Fingley</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Ray Borge Osborn Idaho</u> (Address) <u></u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello Idaho</u> Date <u>March 1932</u>					
19. UNDERTAKER <u>Donald Ray Borge</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>3-3</u> , 193 <u>2</u> Registrar <u>D. C. Ray</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Mar. 2 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>3-2</u> , 193 <u>2</u> , to <u></u> , 193 <u></u>					
I last saw him alive on <u></u> , 193 <u></u> ; death is said to have occurred on the date stated above, at <u>9:20</u> a.m.					
The principal cause of death and related causes of importance were as follows: <u>Still born</u> <u>Instrumental delivery</u> <u>not able to resuscitate</u> <u>Idaho</u>					
Other contributory causes of importance: <u></u>					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) <u>all</u> in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u>					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u></u>					
If so, specify <u></u>					
(Signed) <u>D. C. Ray</u> M. D.					
(Address) <u>Pocatello Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benedict
City of Frankton m.
No. St.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **200321**

Registration District No. 32 State File No. **S**

(If born in hospital or institution give name.) Prim. Registration District No. 2049 Local Registrar's No. 19

FULL NAME OF CHILD Stillborn, premature 7-mo.
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin <u>alt</u> Triplet <u>alt</u> or other <u>alt</u> and {	Number in order of birth <u>2 of 2</u>	Legitimate? <u>yes</u>	Date of birth <u>3 26 1932</u> (Month) (Day) (Year)
--------------------------	--	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? N.P. Stillborn

Number of child of this mother, including present birth. 2 (a) Born alive and now living one

Born alive but now dead. Stillborn Stillborn

FULL NAME <u>Nesje William Smith</u>	FATHER	FULL MAIDEN NAME <u>Eosie West</u>	MOTHER
--------------------------------------	--------	------------------------------------	--------

Residence (Usual place of abode) Frankton m. Idaho Residence (Usual place of abode) Frankton m. Idaho

It non-resident, give place and date. If non-resident, give place and date.

Color or race White Age at last Birthday 28 (Years) Color or race White Age at last Birthday 19 (Years)

Birthplace Idaho (City and State or County) Birthplace Idaho (City and State or County)

Occupation Farming Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 7:50 P M. on the date above stated.

(Signature) J. D. Leary
(Physician or midwife)

Address Frankton m. Idaho

Filed 4. 9 19 Walter Roberg
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham
City of Shelley
No. _____ St. _____

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 200338

Registration District No. 121 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2194 Local Registrar's No. 116
FULL NAME OF CHILD Baby Stillborn Kentzman
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate? <u>16</u>	Date of birth <u>3 28 1932</u> (Month) (Day) (Year)
-------------------------	------------------------------	---------	--------------------------------	----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 6 (a) Born alive and now living 5
Born alive but now dead none Stillborn one

FATHER		MOTHER	
FULL NAME <u>Kennard Kentzman</u>	FULL MAIDEN NAME <u>Grace Montague</u>	FULL NAME <u>Grace Montague</u>	FULL MAIDEN NAME <u>Grace Montague</u>
Residence (Usual place of abode) <u>Woodville</u>	Residence (Usual place of abode) <u>Woodville</u>	Residence (Usual place of abode) <u>Woodville</u>	Residence (Usual place of abode) <u>Woodville</u>
It non-resident, give place and State _____	It non-resident, give place and State _____	It non-resident, give place and State _____	It non-resident, give place and State _____
Color or race <u>white</u> Age at last Birthday <u>33</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>33</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>33</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>33</u> (Years)
Birthplace <u>Annaph Utah</u> (City and State or County)	Birthplace <u>Paragonah Utah</u> (City and State or County)	Birthplace <u>Paragonah Utah</u> (City and State or County)	Birthplace <u>Paragonah Utah</u> (City and State or County)
Occupation <u>Mechanic</u>	Occupation <u>Dr. H.</u>	Occupation <u>Dr. H.</u>	Occupation <u>Dr. H.</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 12:10 P. M. on the date above stated.
(Signature) Edwin Carter M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Box 86 Shelley
Filed Apr. 2 1932 Mr. Nathan E. Harris Registrar.

DATE OF BIRTH: _____
PLACE OF BIRTH: _____

NAME OF CHILD: _____
SEX: _____
RACE: _____

DATE OF DEATH: _____
PLACE OF DEATH: _____
CAUSE OF DEATH: _____

NAME OF MOTHER: _____
NAME OF FATHER: _____
MARRIAGE: _____

DATE OF MARRIAGE: _____
PLACE OF MARRIAGE: _____
CAUSE OF MARRIAGE: _____

DATE OF DEATH: _____
PLACE OF DEATH: _____
CAUSE OF DEATH: _____

DATE OF DEATH: _____
PLACE OF DEATH: _____
CAUSE OF DEATH: _____

DATE OF DEATH: _____
PLACE OF DEATH: _____
CAUSE OF DEATH: _____

DATE OF DEATH: _____
PLACE OF DEATH: _____
CAUSE OF DEATH: _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

78543

State File No.

PLACE OF DEATH

County of BinghamCity of ShelleyRegistration District No. 121Primary Registration District No. 2194Local Registrar's No. 45

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Baby Montsman(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 3-28-327. AGE Years Shelley Months Shelley Days Shelley If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shelley

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodville
(State or country)13. NAME Kernard Montsman14. BIRTHPLACE (city or town) Annville, Utah
(State or country)15. MAIDEN NAME Grace Montague16. BIRTHPLACE (city or town) Paragon, Utah
(State or country)17. INFORMANT Kernard Montsman
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Woodville, Idaho Date Mar 28, 193219. UNDERTAKER
(Address)20. FILED Apr 1, 1932 Mr. Walter E. Pardo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-28-193222. I HEREBY CERTIFY, That I attended deceased from birth

, 1931, to, 1931.

I last saw him alive on, 1931; death is said

to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance

were as follows: Stillbirth

Date of onset

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin C. Pardo, M. D.(Address) Box 86 Shelley

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. 393-20-00-264
PLACE OF BIRTH
County of Laure
City of Gannett
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 200392
Registration District No. 57 State File No. _____
Prim. Registration District No. 2022 Local Registrar's No. 9

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate _____	8. Date of birth <u>3-10-1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Lawrence Andrew Lilya</u>	FATHER			18. Full maiden name <u>Mary Southern</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Gannett</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Gannett</u>		
11. Color or race <u>Y</u>		12. Age at last birthday <u>35</u> (years)		20. Color or race <u>Y</u>		21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or country) <u>Gannett Idaho</u>				22. Birthplace (city or place) (State or country) <u>Salt Lake City Utah</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work <u>13</u>			26. Total time (years) spent in this work <u>8</u>			

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 3 (c) Stillborn 2
28. If stillborn, period of gestation 9 mo { months or weeks } 29. Cause of stillbirth Hydromenorrhea } Before labor _____
monstruosity } During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:40 P on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Give name added from a supplemental report _____

(DATE OF)

Registrar.

(Signed) Robert H. Wright, M. D.

or _____, Midwife

Address Hailey, Idaho

Filed 3-31-1932 Robert H. Wright

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 9 1932
DO NOT WRITE IN THIS SPACE
78557
State File No. _____
Local Registrar's No. _____

PLACE OF DEATH
County of Blaine
City of Gannett

Registration District No. 57
Primary Registration District No. 2022

(No. _____)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Stielhorn Lilya

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 3-10-32

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Gannett Idaho
(State or country)

10 NAME OF FATHER Laurence A. Lilya

11 BIRTHPLACE OF FATHER (city or town) Gannett, Idaho
(State or country)

12 MAIDEN NAME OF MOTHER Mary Southern

13 BIRTHPLACE OF MOTHER (city or town) Salt Lake City, Utah
(State or country)

14 Informant Laurence A. Lilya
(Address) Gannett, Idaho

15 Filled 3-31, 1932 O. H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 10 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Stielhorn - Hydatidiform mole - Hydatidiform mole
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Robert H. Wright, M.D.
3-10, 1932 (Address) Hagley, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Gannett, Ida. Date of Burial 3-11 1932

20. Undertaker Family - Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

69-109-210-815

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Idaho
No. _____ St.
L.D.S. Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 23 State File No. S
Prim. Registration District No. 214 Local Registrar's No. 101

2. FULL NAME OF CHILD Stillborn Weitfle

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>Yes</u> Legitimate? <u>Yes</u>	8. Date of birth <u>Mar. 9, 1932</u> (MONTH, DAY, YEAR)
5. Number, in order of birth <u>2</u>			Full term _____	

9. Full name FATHER
William Weitfle

10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho Falls

11. Color or race White 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Rudy, Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work at present, 19 32
17. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 8 1/2 months or weeks {
29. Cause of stillbirth Prolapsed cord. Toxemia of mother
Before labor _____ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 P.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

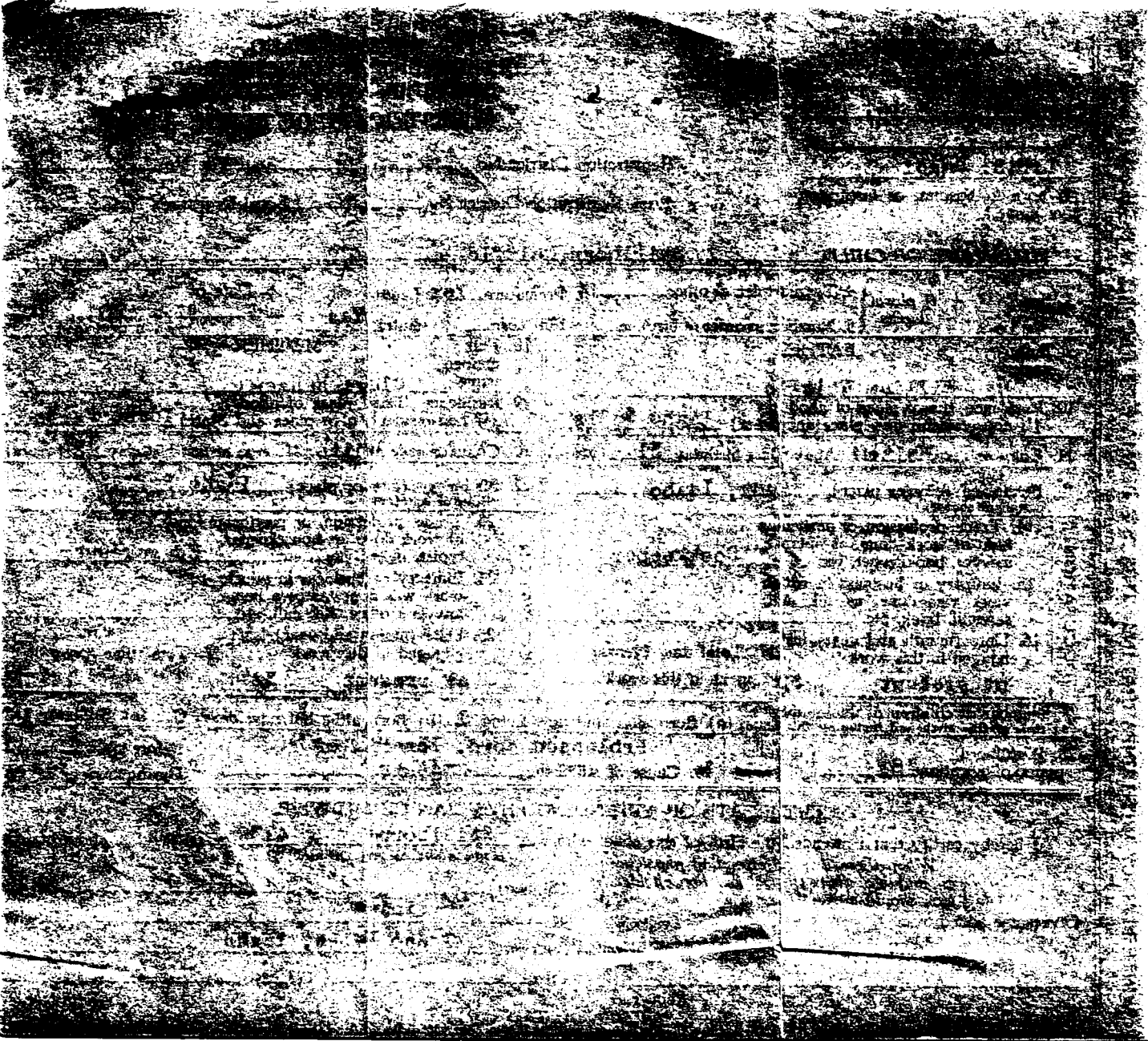
Give name added from a supplemental report _____
(DATE OF) _____

(Signed) _____, M. D.

or _____, Midwife

Address Idaho Falls, Idaho

Filed Mar 11, 193 2 Colquhoun
Registrar. Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonnerville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
(No. _____ St.)

State File No. 78568
Local Registrar's No. 73

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Still birth

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-OWED OR DIVORCED baby
(Write the word)

6. DATE OF BIRTH

March 9 1932
(Month) (Day) (Year)

7. AGE

Still birth IF LESS than 1 day how many hrs. or min.?
Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Idaho Falls

10. NAME OF FATHER

Mr. Meitfle

11. BIRTHPLACE OF FATHER

(State or Country) Reidy Idaho

12. MAIDEN NAME OF MOTHER

Clara Hanson

13. BIRTHPLACE OF MOTHER

(State or Country) Idaho Falls, ID

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Meitfle
(Address) Idaho Falls, ID

15.

Filed Mar 11 19 32 Idaho Falls
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 9 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9 1932 to March 9 1932
that I last saw him alive on Mar 9 1932,
and that death occurred on the date stated above, at 4:30 PM.

The CAUSE OF DEATH*, was as follows:

Asphyxia
Prolonged labor
Premature 2 hrs.

(Duration) yrs. mos. ds.

Contributory (Secondary) Exhaustion, Pre-eclampsia

(Duration) yrs. mos. ds.

(Signed) Mrs. J. Meitfle M. D.
3/10/32 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted
if not at place of death?
Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL Cremation LDS Hosp DATE OF BURIAL 3/10 1932

20. UNDERTAKER None ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Glenn
City of Glenns Ferry
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 35 State File No. _____

Prim Registration District No. 2021 Local Registrar's No. _____

2. FULL NAME OF CHILD

Stellbireh

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate _____ 8. Date of birth 3-26, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Paul White 10. Residence (usual place of abode) (If non-resident, give place and State) Glenns Ferry, Ida 11. Color or race White 12. Age at last birthday 46 (years) 13. Birthplace (city or place) (State or country) Nebraska 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wreilmaker 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. S. L. R. R. 16. Date (month and year) last engaged in this work since 1922 17. Total time (years) spent in this work _____ 18. Full maiden name MOTHER Mary C. Grass 19. Residence (usual place of abode) (If non-resident, give place and State) Glenns Ferry, Ida 20. Color or race White 21. Age at last birthday 35 (years) 22. Birthplace (city or place) (State or country) Minnesota 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 9 (a) Born alive and now living 8 (b) Born alive but now dead _____ (c) Stillborn 1 28. If stillborn, period of gestation 5 1/2 months or weeks partial detachment of placenta 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 11/9 m. on the date above stated.

(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) Dr. J. W. Davis, M. D.

or _____ Midwife

Address Glenns Ferry, Ida

Filed 3-30, 1932 Mrs. M. Sullivan

Registrar.

Registrar.

CONFIDENTIAL

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED APR 9 1932	
County of <u>Glenn</u>		CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
City of <u>Glenns Ferry</u>		Registration District No. <u>35</u>		State File No. <u>78665</u>	
		Primary Registration District No. <u>2021</u>		Local Registrar's No. <u>no 6</u>	
(No. (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Stillborn</u>					
(a) Residence. No. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>3-26-32</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Glenns Ferry, Idaho</u>					
13. NAME <u>Paul White</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Nebraska</u>					
15. MAIDEN NAME <u>Mary Grace</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Minnesota</u>					
17. INFORMANT (Address) <u>Paul White</u> <u>Glenns Ferry</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Glenns Ferry</u> Date <u>3-26-1932</u>					
19. UNDERTAKER (Address) <u>Paul White</u>					
20. FILED <u>3-27-1932</u> <u>M. Sullivan</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>3-26-1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 193....., to....., 193..... I last saw h..... alive on....., 193.....; death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows: <u>Stillborn</u> Other contributory causes of importance: Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?..... 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) <u>Dr. J. W. Davis</u> M. D. (Address).....					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

619-1919-21-753

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 200646

1. PLACE OF BIRTH
County of Franklin
City of Helixton
No. _____ St. _____

Registration District No. 27 State File No. S
Prim. Registration District No. 2119 Local Registrar's No. 74

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn - Farmer

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>3/19</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Truman E. Farmer</u>				18. Full maiden name MOTHER <u>Aneta Pearl Peterson</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Helixton</u>				19. Residence (usual place of abode) (If non-resident, give place and state) <u>Helixton</u>		
11. Color or race <u>W.</u>		12. Age at last birthday <u>29</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>31</u> (years)
13. Birthplace (city or place) (State or country) <u>Helixton</u>				22. Birthplace (city or place) (State or country) <u>Preston</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>N. W.</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>						
28. If stillborn, period of gestation _____ months or weeks		29. Cause of stillbirth _____		Before labor _____ During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:55 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Oswald R. Carter, M. D.

or _____ Midwife

Address Preston Idaho

Filed April 8, 1932 E. W. Slater Registrar.

Give name added from a supplemental report _____ (DATE OF)

Registrar.

CHARTER

INVESTIGATION

REPORT

1000

1000

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 78672	
County of <u>Franklin</u>		Registration District No. <u>27</u>		Local Registrar's No. <u>20</u>	
City of <u>Clifton</u>		Primary Registration District No. <u>249</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillbirth</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>3/19/32</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (city or town) (State or country) <u>Clifton</u>				
MOTHER FATHER	13. NAME <u>Truman E. Farmer</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Clifton</u>				
	15. MAIDEN NAME <u>Ancuta Carl Peterson</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Preston</u>				
17. INFORMANT <u>Truman E. Farmer</u>					
(Address)					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Clifton</u> Date <u>3/19/1932</u>					
19. UNDERTAKER <u>None</u>					
(Address)					
20. FILED <u>April 8, 1932</u> <u>G. W. Stiles</u>					
Regist.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>3/19/1932</u>					
22. I HEREBY CERTIFY, That I attended/deceased from _____, 193____, to _____, 193____.					
I last saw h..... alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
<u>Stillborn</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>Orval B. Carls</u> M. D.					
(Address) <u>Preston, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Franklin
City of Preston

No. Gen. Mem. Hosp. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

200651

CERTIFICATE OF BIRTH

S

Registration District No. 27 State File No. S

Prim. Registration District No. 2119 Local Registrar's No. 79

2. FULL NAME OF CHILD Still Born

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>3/16/1932</u> (MONTH, DAY, YEAR)
9. Full name <u>N. Carl Nielson</u>	FATHER		18. Full maiden name <u>Minnie Seddes</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Preston</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Preston</u>		20. Color or race <u>Wh.</u>	
11. Color or race <u>Wh.</u>		12. Age at last birthday <u>46</u> (years)		21. Age at last birthday <u>39</u> (years)	
13. Birthplace (city or place) (State or country) <u>Preston</u>		22. Birthplace (city or place) (State or country) <u>Plain City, Ind.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>N. H.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		25. Date (month and year) last engaged in this work	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		26. Total time (years) spent in this work		19	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		19	

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1

28. If stillborn, 5 months { or weeks } 29. Cause of stillbirth Bright's Disease & Mother Before labor
period of gestation 5 months { or weeks } During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:19 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) A. R. Quiter, M. D.

or Preston, Idaho, Midwife

Address Preston, Idaho

Filed April 8, 1932 G. W. Smith

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Franklin</u>		CERTIFICATE OF DEATH		State File No. <u>78671</u>	
City of <u>Preston</u>		Registration District No. <u>27</u>		Local Registrar's No. <u>21</u>	
		Primary Registration District No. <u>2119</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Still Barn</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>3/16/32</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country)					
MOTHER FATHER	13. NAME <u>St. Carl Nelson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Preston Ida</u>				
	15. MAIDEN NAME <u>Minnie Seddes</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Plain City, Mo.</u>				
17. INFORMANT <u>Husband</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>April 8, 1932</u> <u>G. W. Stiles</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>3/16</u> 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193.					
I last saw him alive on _____, 193: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still Birth</u>					
Other contributory causes of importance:					
<u>Bright's disease of Mother</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) _____ M. D. (Address) <u>Preston Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Greene
City of St. Anthony
No. St.

STATISTICAL BUREAU
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
APR 11 1932
200659

Registration District No. 9 State File No. S

(If born in hospital or institution
give name.)

Prim. Registration District No. 2177 Local Registrar's No. 21

FULL NAME OF CHILD

Still Born

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and }	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Jan 14</u> 19 <u>32</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth. 1st (a) Born alive and now living none
Born alive but now dead — Stillborn one

FATHER
FULL NAME Alvin O. Higley
Residence (Usual place of abode) Parrot
If nonresident, give place and State
Color or race white Age at last Birthday 23 (Years)
Birthplace Utah
(City and State or Country)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Sarah Dora Perry
Residence (Usual place of abode) Parrot
If nonresident, give place and State
Color or race white Age at last Birthday 18 (Years)
Birthplace Adelphi
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:20 P. M.
on the date above stated. Stillborn

(Signature) W. H. ...

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address St. Anthony, Colo.
Filed March 9 1932 Sarah Munk
Registrar.

NO 17

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Tremont
City of St. Anthony
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **200673**

Registration District No. 22 State File No. **S**

Prim. Registration District No. 21 22 Local Registrar's No. 27

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn Baby Colan

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Mar. 4</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name
Arthur Colan
FATHER
10. Residence (usual place of abode)
(If non-resident, give place and State) St. Anthony
11. Color or race White 12. Age at last birthday 27 (years)

13. Birthplace (city or place)
(State or country) Colorado
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19. _____

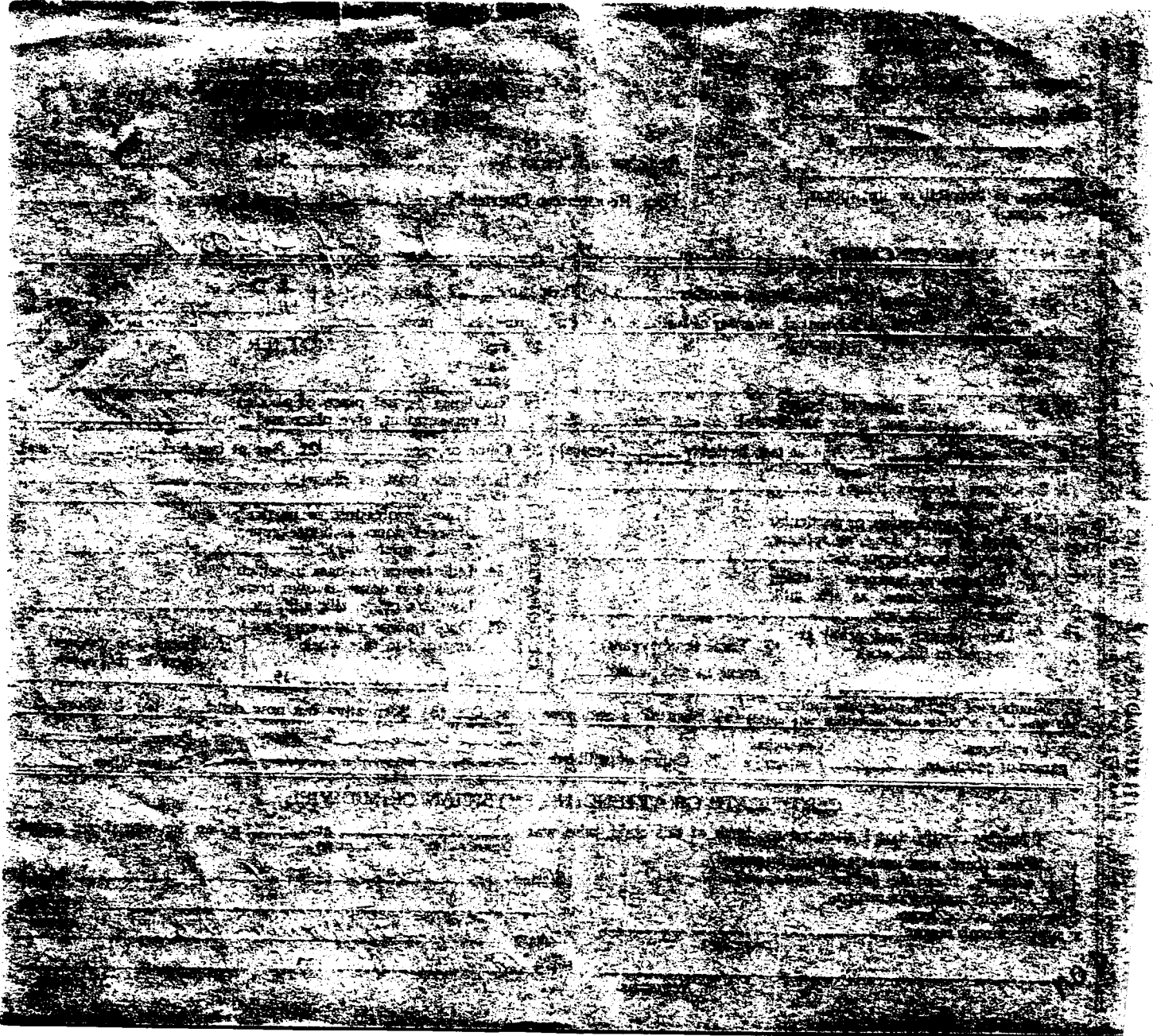
18. Full maiden name
Marvilla Thomas
MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and state) St. Anthony
20. Color or race White 21. Age at last birthday 22 (years)

22. Birthplace (city or place)
(State or country) Utah
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
19. _____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 36 { months or weeks } 29. Cause of stillbirth Intra uterine asphyxia before labor
cord compression During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)
{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }
Give name added from _____
a supplemental report _____ (DATE OF)
Registrar. _____
(Signed) Stillborn M. D.
or _____ Midwife
Address St. Anthony Ida
Filed April 6, 1932 Sarah Murch Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 200827

1. PLACE OF BIRTH
County of Latah
City of Graceland
No. E. A. St.

Registration District No. 61 State File No. 41

(If born in hospital or institution give name.)

Prim. Registration District No. 1011 Local Registrar's No. 41

2. FULL NAME OF CHILD

Baby Orr. Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other 4 6. Premature Yes 7. Legitimate? Yes 8. Date of birth March 16, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Harry Orr 18. Full maiden name MOTHER Florence Estelle Grove

10. Residence (usual place of abode) Graceland, Idaho 19. Residence (usual place of abode) Graceland, Idaho
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 24 (years) 20. Color or race W. 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Washington
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work now 17. Total time (years) spent in this work 4 25. Date (month and year) last engaged in this work now 26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 7 months or weeks { 29. Cause of stillbirth Unknown { Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:00 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Rossy Embrose M. D.

or Midwife

Address Monroe, Idaho

Filed 4-12- 1932 Registrar

Give name added from a supplemental report

(DATE OF)

Registrar.

Registrar.

RECEIVED
OFFICE OF THE
COMMISSIONER OF REVENUE

1900

THE COMMISSIONER OF REVENUE

OFFICE OF THE COMMISSIONER OF REVENUE

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OFFICE OF THE COMMISSIONER OF REVENUE

100

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette
City of Freixland
No. 2 St.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
200955

Registration District No. 4 State File No. _____
(If born in hospital or institution
give name.) Primary Registration District No. 1008 Local Registrar's No. 31
FULL NAME OF CHILD Stillbirth Curtis
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Mar. 19-</u> <u>1932</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 14 (a) Born alive and now living 10
Born alive but now dead _____ Stillborn 4

FATHER		MOTHER	
FULL NAME <u>Alvin Lester Curtis</u>	FULL MAIDEN NAME <u>Grace Lester Pummel</u>		
Residence (Usual place of abode) <u>Freixland, Ida</u>	Residence (Usual place of abode) <u>Freixland, Ida</u>		
If non-resident, give place and State _____	If non-resident, give place and State _____		
Color or race <u>W</u> Age at last Birthday <u>42</u> (Years)	Color or race <u>W</u> Age at last Birthday <u>37</u> (Years)		
Birthplace <u>Nebraska</u> (City and State or County)	Birthplace <u>Nebraska</u> (City and State or County)		
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 2:30 P. M.
on the date above stated. { Stillborn }
(Signature) G. C. Paxton M.D.

(Physician or midwife)

Address _____
Filed Mar 22 1932 C. Woodward
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1. Name of child
 2. Date of birth
 3. Sex
 4. Race
 5. Religion
 6. Education
 7. Occupation
 8. Address
 9. Telephone
 10. Other

1. Name of child
 2. Date of birth
 3. Sex
 4. Race
 5. Religion
 6. Education
 7. Occupation
 8. Address
 9. Telephone
 10. Other

1. Name of child
 2. Date of birth
 3. Sex
 4. Race
 5. Religion
 6. Education
 7. Occupation
 8. Address
 9. Telephone
 10. Other

1. Name of child
 2. Date of birth
 3. Sex
 4. Race
 5. Religion
 6. Education
 7. Occupation
 8. Address
 9. Telephone
 10. Other

1. Name of child
 2. Date of birth
 3. Sex
 4. Race
 5. Religion
 6. Education
 7. Occupation
 8. Address
 9. Telephone
 10. Other

1. Name of child
 2. Date of birth
 3. Sex
 4. Race
 5. Religion
 6. Education
 7. Occupation
 8. Address
 9. Telephone
 10. Other

1. Name of child
 2. Date of birth
 3. Sex
 4. Race
 5. Religion
 6. Education
 7. Occupation
 8. Address
 9. Telephone
 10. Other

1. Name of child
 2. Date of birth
 3. Sex
 4. Race
 5. Religion
 6. Education
 7. Occupation
 8. Address
 9. Telephone
 10. Other

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Payette</u>		BUREAU OF VITAL STATISTICS		78784	
City of <u>Fruitland</u>		CERTIFICATE OF DEATH		State File No.	
Registration District No.		Primary Registration District No. <u>1008</u>		Local Registrar's No. <u>11</u>	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn Curtis</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>w</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>Stillborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Fruitland</u> (State or country) <u>Idaho</u>					
MOTHER FATHER	13. NAME <u>Alvin Lester Curtis</u>				
	14. BIRTHPLACE (city or town) <u>Nebraska</u> (State or country)				
	15. MAIDEN NAME <u>Grace Leota Pummel</u>				
	16. BIRTHPLACE (city or town) <u>Nebraska</u> (State or country)				
17. INFORMANT <u>Alvin Lester Curtis</u> (Address) <u>Fruitland Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place Date, 193					
19. UNDERTAKER (Address)					
20. FILED <u>Mar 24/32</u> 193 <u>J.C. Woodward</u> Registrar. (Address) <u>Fruitland Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>March 19, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 193, to, 193					
I last saw h. alive on, 193, death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>C. C. Paston</u> M. D. (Signed) <u>C. C. Paston</u> (Address) <u>Fruitland Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of American Falls
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

APR 9 1932
S
200970

Registration District No. 25 State File No. _____
Prim. Registration District No. 2072 Local Registrar's No. 10

2. FULL NAME OF CHILD Stillborn Ringe

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>March 22</u> , 1932 (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Rudolph Carl Ringe</u>	FATHER	18. Full maiden name <u>Melba May Schwarz</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>American Falls Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>American Falls Idaho</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>21</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>20</u> (years)
13. Birthplace (city or place) (State or country) <u>Pendleton Oregon</u>		22. Birthplace (city or place) (State or country) <u>American Falls Idaho</u>	

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>
	16. Date (month and year) last engaged in this work <u>Now</u> , 19 <u>32</u>		25. Date (month and year) last engaged in this work <u>Now</u> , 19 <u>32</u>
	17. Total time (years) spent in this work <u>5</u>		26. Total time (years) spent in this work <u>4</u>

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2

28. If stillborn, period of gestation 24th 11/16 months or weeks } Before labor _____
29. Cause of stillbirth unknown } During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8:50A on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. C. Mark Kannon, M. D.

or _____, Midwife

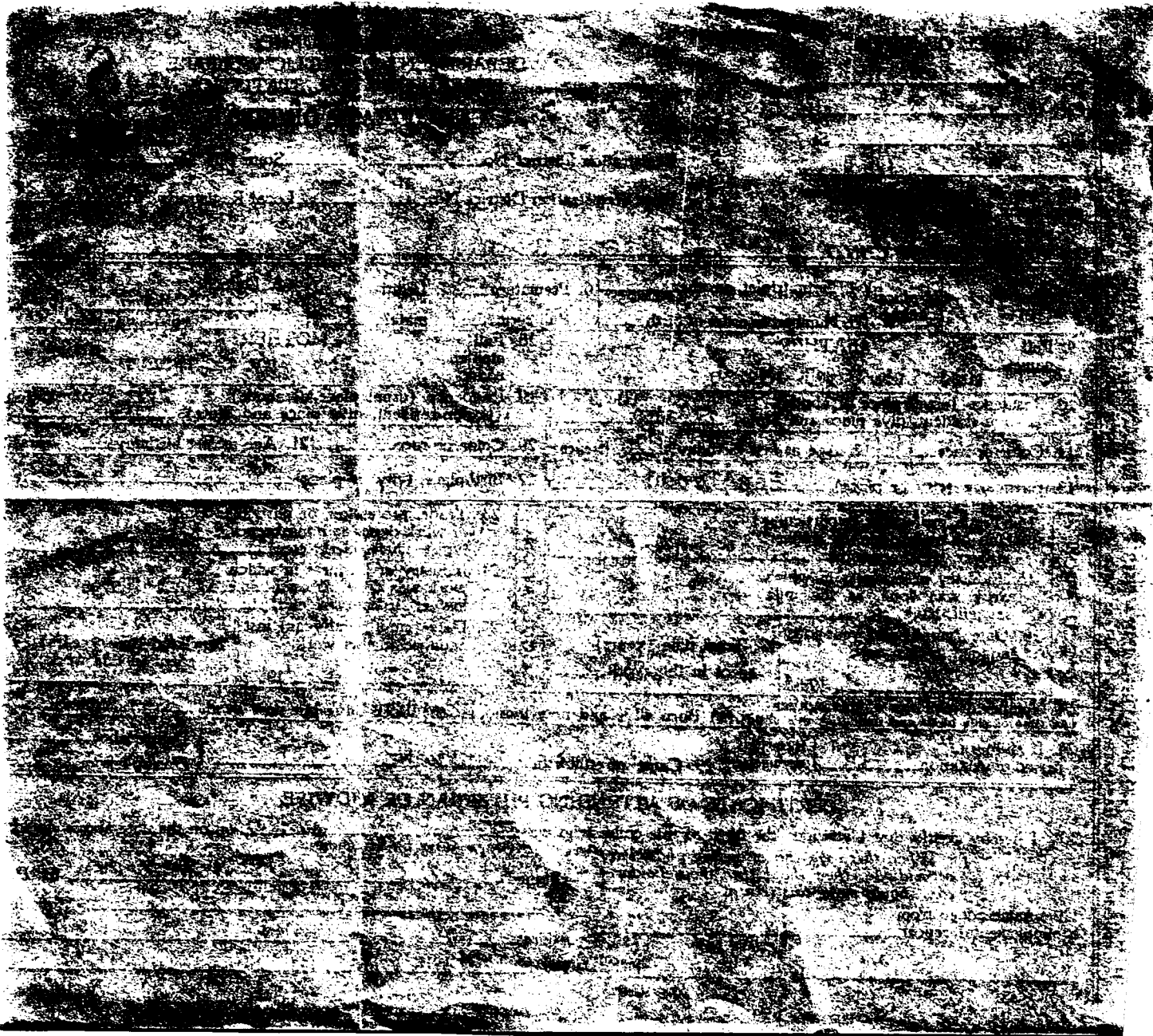
Give name added from a supplemental report _____
(DATE OF)

Address Aberdeen Idaho

Filed March 22, 1932 Garrison Neth

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED APR 9 1932 DO NOT WRITE IN THIS SPACE	
County of <u>Power</u>		City of <u>American Falls</u>		State File No. <u>78794</u>	
Registration District No. <u>23</u>		Primary Registration District No. <u>2072</u>		Local Registrar's No. <u>9</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Still born</u>		<u>Ringe</u>		<u>206</u>	
(a) Residence. No. _____ St. _____ (Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Mar. 22, 1932</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>3</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>American Falls</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Rudolph Carl Ringe</u>				
	14. BIRTHPLACE (city or town) <u>Pendleton</u> (State or country) <u>Oregon</u>				
MOTHER	15. MAIDEN NAME <u>Melba May Schwarz</u>				
	16. BIRTHPLACE (city or town) <u>American Falls</u> (State or country) <u>Idaho</u>				
17. INFORMANT <u>Rudolph Ringe</u> (Address) <u>American Falls Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>American Falls</u> Date <u>March 22, 1932</u> <u>Idaho</u>					
19. UNDERTAKER <u>Friends</u> (Address) _____					
20. FILED <u>March 22, 1932</u> <u>Garrison Nath</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>March 22, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____ I last saw h. _____ alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Stillbirth</u> <u>Premature labor cause unknown</u> <u>24th week of gestation</u> Other contributory causes of importance: _____					
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>M. C. McIntire</u> , M. D. (Address) <u>Aberdeen Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of **business** in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls
City of Twin Falls

No. T. F. Co & Gen Hosp St.
(If born in hospital or institution give name.)

RECEIVED APR 9
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 201020

Registration District No. 37 State File No. _____
Prim. Registration District No. 2085 Local Registrar's No. 913

2. FULL NAME OF CHILD Stillbirth

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>✓</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>March 19</u> 1932 (MONTH, DAY, YEAR)
9. Full name <u>Robert Jewel Stevens</u>	FATHER		18. Full maiden name <u>Bulah Mae Pinegar</u>		MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>BT</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>30</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>Tulsa, Okla.</u>		21. Age at last birthday <u>21</u> (years)		22. Birthplace (city or place) (State or country) <u>Law City, Okla.</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work	
		17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 1
28. If stillborn, period of gestation 8 months 8 weeks
29. Cause of stillbirth Placenta previa Hemorrhage
Before labor ✓
During labor ✓

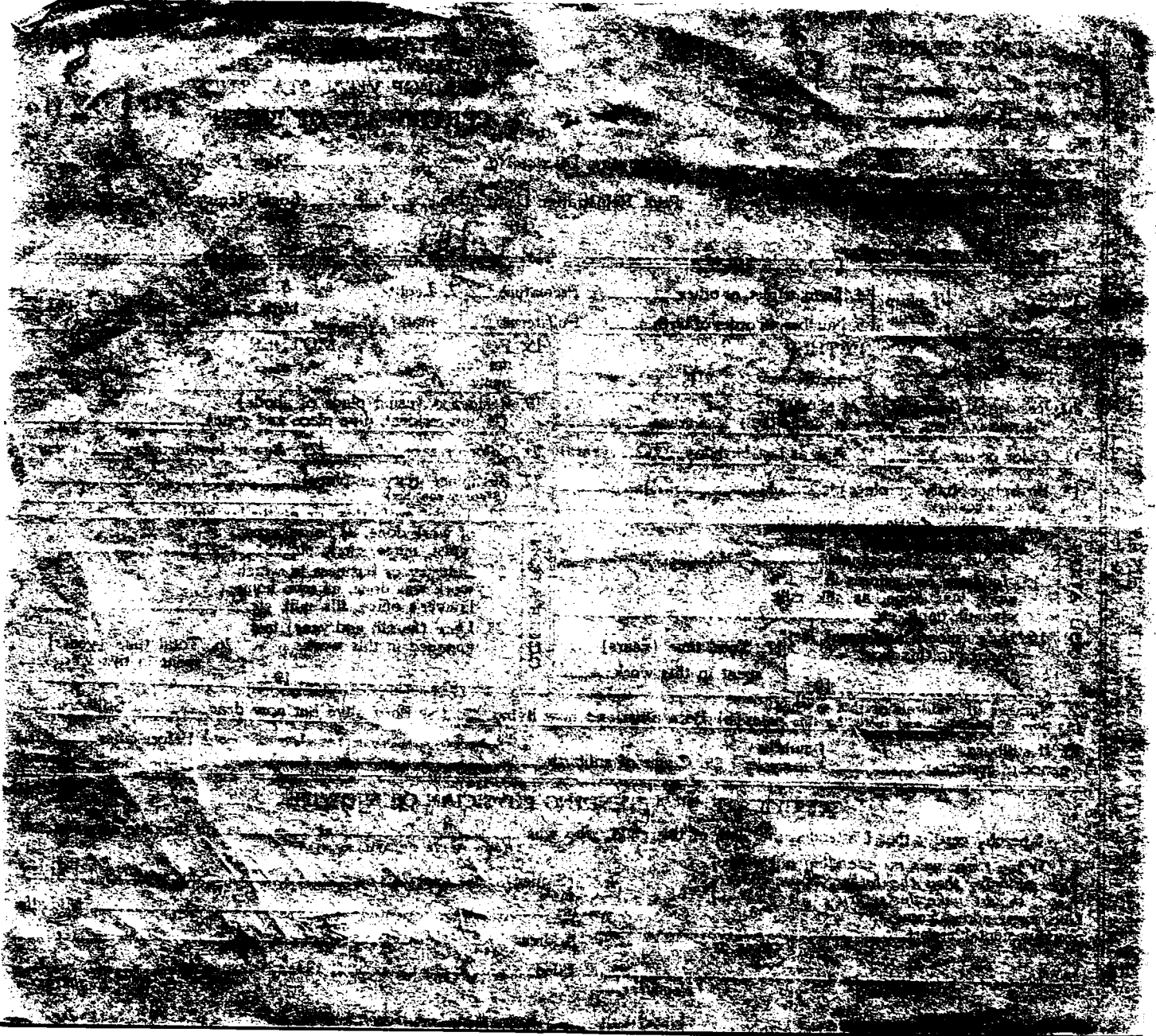
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillbirth at 7:00 on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF)

(Signed) Duncan Alexander M. D.
or _____ Midwife
Address Twin Falls Ida
Filed 7/7, 1932 Elizabeth J. Smith Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

78825

County of AdaRegistration District No. 37City of AdaPrimary Registration District No. 2085Local Registrar's No. 57

(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number.

2. FULL NAME

(a) Residence. No. Ada

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

March 19/32

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

3/211932

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 18 1932Mar 191932

that I last saw him

at homeand that death occurred, on the date stated above, at 3:4 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Placenta previa
precipitated labor

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? ✓ Date of ✓Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) Richard D. Cunningham, D.Mar 21, 1932 (Address) 112 Jackson St NoAda

19. Place of Burial, Cremation, or Removal

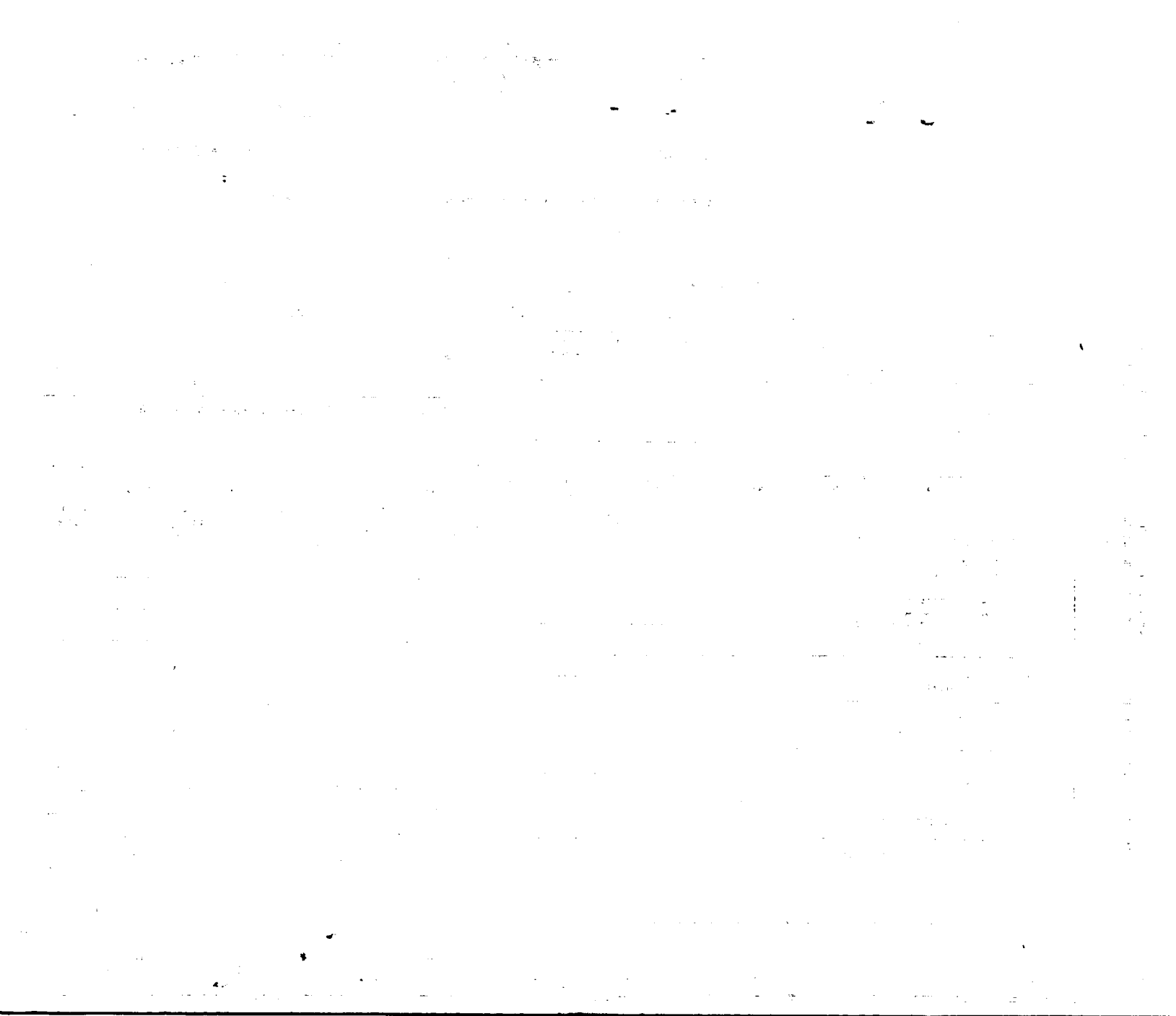
Date of Burial

AdaMar 21 1932

20. Undertaker

Address

F. E. Drake
Ada



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St. T. F. East Gen. Hosp.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Registration District No. 37 State File No. _____

Prim. Registration District No. 2025 Local Registrar's No. 87

3. Sex

If plural births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of birth

Female

5. Number, in order of birth

Full term ✓

mate? Yes

March 7, 1932
(MONTH, DAY, YEAR)

9. Full name

FATHER

18. Full maiden name

MOTHER

Howard Eugene Reed

Margaret Edna Hampton

10. Residence (usual place of abode)
(If non-resident, give place and State)

Buhl

19. Residence (usual place of abode)
(If non-resident, give place and state)

Idaho

11. Color or race W

12. Age at last birthday 21 (years)

20. Color or race W

21. Age at last birthday 17 (years)

13. Birthplace (city or place)
(State or country)

Orient, Iowa

22. Birthplace (city or place)
(State or country)

Wesley, S. D.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation

7 months or weeks

29. Cause of stillbirth Prolonged labor

Before labor _____
During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

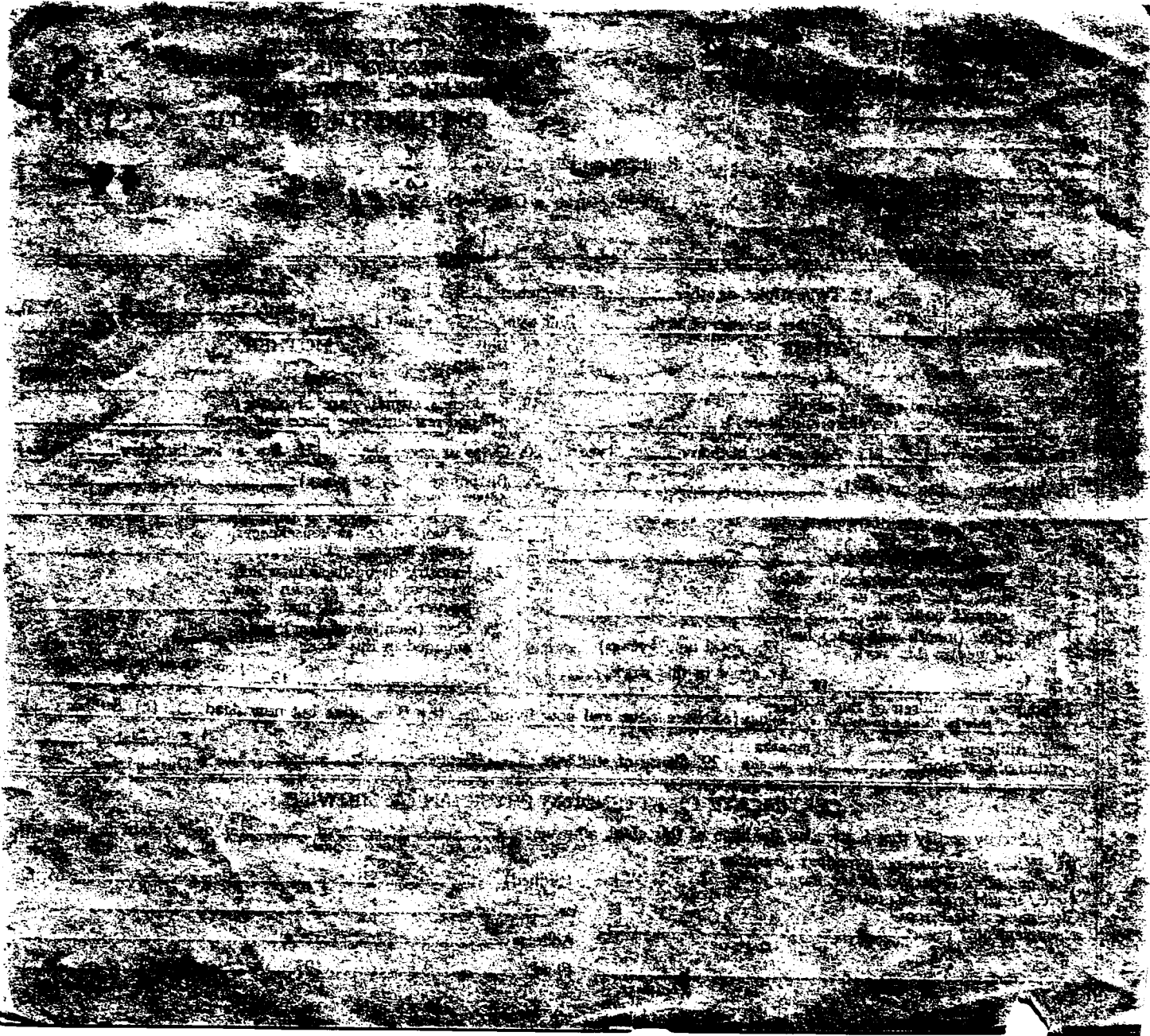
(Signed) Geo. Jennings M. D.

or Buhl, Ida Midwife

Address _____

Filed 4/7, 1932 Clayton Smith Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DR 9 1937
DO NOT WRITE IN THIS SPACE
78826
State File No. _____

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085(No. Twin Falls County Hospital)Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Winifred Ann Reed(a) Residence. No. Buhl St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 9-1937

7. AGE Years Stillborn Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho10. NAME OF FATHER Howard Reed11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Hampton13. BIRTHPLACE OF MOTHER (city or town) South Dakota
(State or Country)14. Informant Howard Reed
(Address) Route #4 - Buhl15. Filed 3/10, 1932 Elizabeth E. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3-9-32
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/9 1932 to 3/9 1932
that I last saw him alive on 3/9 1932
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn from
prolonged
difficult labor

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Geo. Jennings M. D.3/9 1932 (Address) Buhl Id19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial March 10 193220. Undertaker White Mortuary Inc Address Twin Falls Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 201161

1. PLACE OF BIRTH

County of AdaCity of BainNo. 9 St. Alphonse(If born in hospital or institution
give name.)Registration District No. 2 State File No. 178Prim. Registration District No. 1004 Local Registrar's No. 1782. FULL NAME OF CHILD Ronald Ray Gutierrez (Stillborn)3. Sex M. 4. Twin, triplet, or other None 5. Number, in order of birth 1 6. Premature No 7. Legitimate? Yes 8. Date of birth Mar 26, 1932 (MONTH, DAY, YEAR)9. Full name FATHER Pete Gutierrez 18. Full maiden name MOTHER Erma Ellen Shields10. Residence (usual place of abode) (If non-resident, give place and State) Orchard, Ida. 19. Residence (usual place of abode) (If non-resident, give place and State) Same11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 30 (years)13. Birthplace (city or place) (State or country) Mexico 22. Birthplace (city or place) (State or country) Alpha Ida.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None16. Date (month and year) last engaged in this work None 17. Total time (years) spent in this work None 25. Date (month and year) last engaged in this work None 26. Total time (years) spent in this work None27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 128. If stillborn, period of gestation None months or weeks 29. Cause of stillbirth Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 P. m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alfred Budzu Jr., M. D. MidwifeGive name added from a supplemental report None

(DATE OF)

Address Bain Ida.Filed 4-11, 1932 W.H. Rhoads

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

AUG 28 1995

NOV

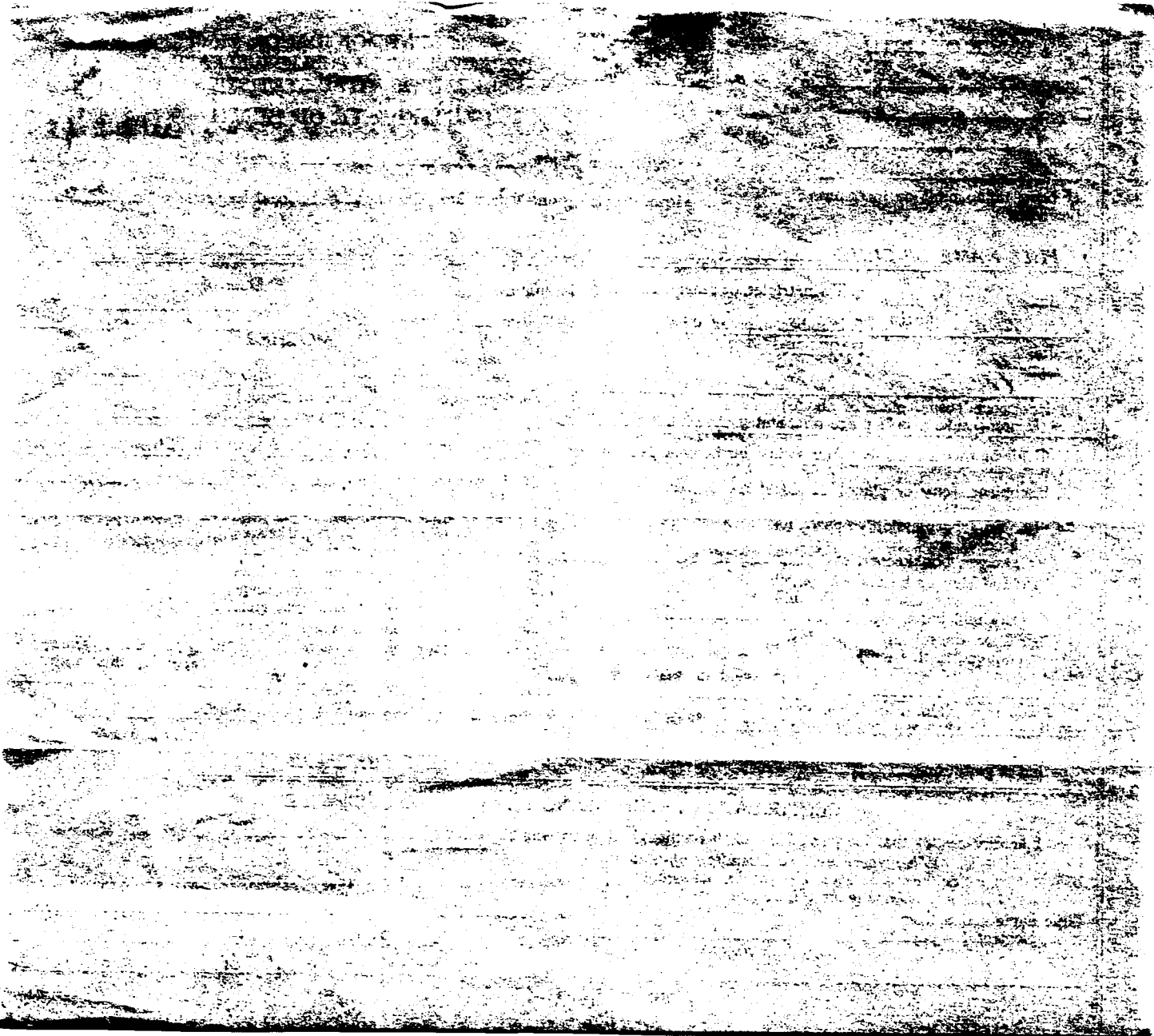
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 11 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 201187

1. PLACE OF BIRTH County of <u>Ada</u> City of <u>Payson</u> No. <u>St. Luke's</u> St. (If born in hospital or institution give name.)				Registration District No. <u>2</u> State File No. _____ Prim. Registration District No. <u>1004</u> Local Registrar's No. <u>158</u>			
2. FULL NAME OF CHILD <u>Victor William Jorgensen (Stillborn)</u>							
3. Sex <u>M.</u> If plural births		4. Twin, triplet, or other		6. Premature		7. Legitimate? <u>yes</u>	
5. Number, in order of birth		Full term		8. Date of birth <u>April 2, 1932</u> (MONTH, DAY, YEAR)			
9. Full name FATHER <u>Victor William Jorgensen</u>				18. Full maiden name MOTHER <u>Juanita M. Blackmer</u>			
10. Residence (usual place of abode) <u>221 Leadville Ave. Payson</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>same</u> (If non-resident, give place and State)			
11. Color or race <u>W.</u>		12. Age at last birthday <u>24</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) <u>Heber City, Utah</u> (State or country)				22. Birthplace (city or place) <u>Salt Lake City, Utah</u> (State or country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>bookkeeper</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work			
17. Total time (years) spent in this work				26. Total time (years) spent in this work			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>							
28. If stillborn, period of gestation _____ months or weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:41 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) Alfred Budyn Jr., M. D.
or _____ midwife
Address Payson, Ida.
Filed 4-4, 1932 W. H. Rhodes
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Victor William Jorgensen

(a) Residence. No. 2121. Leadville Street. St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 2. 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

13. NAME Victor. W. Jorgensen

14. BIRTHPLACE (city or town) Heber City Utah
(State or country)

15. MAIDEN NAME Juanita. M. Blackmer

16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT Victor. W. Jorgensen
(Address) 2121. Leadville St, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. April. 4. 1932

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 4-5-32 W. H. Rhoades
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 78879

Local Registrar's No. 98

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 4/2/32, 193, to 4/2/32, 193.

I last saw him, 193: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still Birth

Other contributory causes of importance:

Cause unknown

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. Rhoades Jr M. D.

(Address) Boise, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton-mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
General Hospital
(If born in hospital or institution
give name.)

RECEIVED MAY 9 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 201219

Registration District No. 2 State File No. _____
Prim. Registration District No. 2167 Local Registrar's No. 789

2. FULL NAME OF CHILD Ruel Rose

3. Sex Male If plural births { 4. Twin, triplet, or other Twin 6. Premature X 7. Legitimate? Yes 8. Date of birth April 25, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Daniel Webster Rose 18. Full maiden name MOTHER Emma Elisabeth Stewart

10. Residence (usual place of abode) 293 Jefferson 19. Residence (usual place of abode) 293 Jefferson
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 29 (years) 20. Color or race W 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Alexandria, Indiana 22. Birthplace (city or place) Pleasant View, Utah
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest Helper OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O. S. L. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Present Time, 1932 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work Present Time, 1932 26. Total time (years) spent in this work 7

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, period of gestation 7 months or weeks { 29. Cause of stillbirth Abundant placenta { Before labor 0 During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:50 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) Wm. J. Fisher, M. D.

or Midwife

Address Pocatello, Ida

Filed 4-30, 1932 D. C. Ray

Registrar.

Registrar.

STATE OF MICHIGAN

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF INVESTIGATION

STATE OF MICHIGAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bannock	CERTIFICATE OF DEATH		78937	
City of	Pocatello			State File No.	
Registration District No.		206		Local Registrar's No. 308	
Primary Registration District No. 2161		Pocatello General Hospital			
(No. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		Infant Rose (Twin)			
(a) Residence. No.		Pocatello, Idaho. St.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Male	White	Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Apr. 25, 1932.					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
Still-born					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.					
MOTHER FATHER	13. NAME Daniel W. Rose				
	14. BIRTHPLACE (city or town) (State or country) Indiana.				
	15. MAIDEN NAME Emma E. Stewart				
16. BIRTHPLACE (city or town) (State or country) Utah.					
17. INFORMANT (Address) Daniel W. Rose 293 Jefferson Ave. Poca. Ida.					
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Apr. 26, 1932.					
19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.					
20. FILED Apr. 26, 1932.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Apr. 25, 1932.					
22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to April 25, 1932.					
Last saw him on April 25, 1932; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
Still born					
Other contributory causes of importance: Abruptio placentae 4-22-32					
Name of operation. Date of					
What test confirmed diagnosis? Clinical Was there an autopsy? No					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1932.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) M. D. Pocatello, Idaho.					
(Address)					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
General Hospital

(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **201220**

Registration District No. 28 State File No. S 788

Prim. Registration District No. 2161 Local Registrar's No. 788

2. FULL NAME OF CHILD Lawrence Rose Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other Twin 6. Premature X 7. Legitimate? Yes 8. Date of birth April 25, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Daniel Webster Rose 18. Full maiden name MOTHER Mama Elisabeth Stewart

10. Residence (usual place of abode) 293 Jefferson 19. Residence (usual place of abode) 293 Jefferson
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 29 (years) 20. Color or race W 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Alexandria, Indiana 22. Birthplace (city or place) Pleasant View, Utah
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest Helper 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O. S. L. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Present Time 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work Present Time 26. Total time (years) spent in this work 7

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, 7 months or weeks { 29. Cause of stillbirth Abortion placenta { Before labor 0
period of gestation { or weeks { During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5 P m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report _____

(DATE OF)

(Signed) Wm. J. Thomas, M. D.

or _____ Midwife

Address Pocatello, Idaho

Filed 4-30, 1932 D. C. Ray

Registrar.

Registrar.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Name of child: _____
 Date of birth: _____
 Sex: _____
 Place of birth: _____
 Name of attending physician or midwife: _____
 Address: _____
 City: _____
 State: _____
 Country: _____

1. Name of child: _____ 2. Sex: _____ 3. Date of birth: _____ 4. Place of birth: _____ 5. Name of attending physician or midwife: _____ 6. Address: _____ 7. City: _____ 8. State: _____ 9. Country: _____		10. Name of mother: _____ 11. Date of birth: _____ 12. Place of birth: _____ 13. Name of father: _____ 14. Date of birth: _____ 15. Place of birth: _____	
16. Name of child: _____ 17. Sex: _____ 18. Date of birth: _____ 19. Place of birth: _____ 20. Name of attending physician or midwife: _____ 21. Address: _____ 22. City: _____ 23. State: _____ 24. Country: _____		25. Name of mother: _____ 26. Date of birth: _____ 27. Place of birth: _____ 28. Name of father: _____ 29. Date of birth: _____ 30. Place of birth: _____	

I hereby certify that the child named above was born alive and was born at the place and on the date stated above.
 Signed: _____
 Date: _____
 City: _____
 State: _____
 Country: _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		78936	
City of <u>Pocatello</u>		Registration District No. <u>2161</u>		State File No. _____	
		Primary Registration District No. _____		Local Registrar's No. <u>307</u>	
(No. <u>Pocatello General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Rose (Twin)</u>					
(a) Residence. No. <u>Pocatello, Idaho.</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Apr. 25, 1932.</u>					
7. AGE Years		Months		Days	
<u>Still-born</u>				If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>					
FATHER	13. NAME <u>Daniel W. Rose</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Indiana.</u>				
	15. MAIDEN NAME <u>Emma E. Stewart</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Utah.</u>				
	17. INFORMANT <u>Daniel W. Rose</u> (Address) <u>293 Jefferson Ave. Poca.</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Apr. 26, 1932.</u>				
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>Apr. 26, 1932.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Apr. 25, 1932.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 25, 1932</u> to <u>April 25, 1932</u>					
last saw him <u>April 25, 1932</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					Date of onset _____
Other contributory causes of importance:					
<u>abruptio placentae.</u>					<u>4-22-32</u>
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193__					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Dr. Arthur W. Hall</u> , M. D.					
(Address) <u>Pocatello, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

RECEIVED MAY 9 1937

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1. PLACE OF BIRTH

County of Bannock
City of Pocatello
No. Johnson & Center St.
General Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 State File No. _____

Prim. Registration District No. 2161 Local Registrar's No. 784

2. FULL NAME OF CHILD Stillborn Merrin Thorp Ralphs

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other <u>0</u>	6. Premature <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>April 18</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth <u>0</u>	Full term _____		

9. Full name FATHER
Leonard Thomas Ralphs

10. Residence (usual place of abode)
(If non-resident, give place and State) Rockland, Ida.

11. Color or race W. 12. Age at last birthday 39 (years)

13. Birthplace (city or place)
(State or country) Brigham City, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. of School

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rockland Schools

16. Date (month and year) last engaged in this work Present Time, 1932

18. Full maiden name MOTHER
Marie Thorp

19. Residence (usual place of abode)
(If non-resident, give place and State) Rockland, Ida.

20. Color or race W. 21. Age at last birthday 36 (years)

22. Birthplace (city or place)
(State or country) Logan, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Present Time, 1932

26. Total time (years) spent in this work _____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 3. (b) Born alive but now dead 1. (c) Stillborn 1

28. If stillborn, { months {
period of gestation 7 1/2 { ~~28 weeks~~

29. Cause of stillbirth Albuminuria { Before labor Yes.
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.
Give name added from
a supplemental report _____
(DATE OF)

(Signed) _____ M. D.
or _____ Midwife
Address Pocatello
Filed 4-30, 1932 D. C. Ray
Registrar.

Registrar.

CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. Name of child
2. Sex
3. Date of birth
4. Time of birth
5. Place of birth
6. Name of mother
7. Name of father
8. Name of informant
9. Signature of informant
10. Signature of registrar
11. Date of registration
12. Place of registration

13. Residence (usual place of abode)
14. Date of birth
15. Time of birth
16. Place of birth
17. Name of mother
18. Name of father
19. Name of informant
20. Signature of informant
21. Signature of registrar
22. Date of registration
23. Place of registration

24. Date of birth
25. Time of birth
26. Place of birth
27. Name of mother
28. Name of father
29. Name of informant
30. Signature of informant
31. Signature of registrar
32. Date of registration
33. Place of registration

1. Name of child
2. Sex
3. Date of birth
4. Time of birth
5. Place of birth
6. Name of mother
7. Name of father
8. Name of informant
9. Signature of informant
10. Signature of registrar
11. Date of registration
12. Place of registration

13. Residence (usual place of abode)
14. Date of birth
15. Time of birth
16. Place of birth
17. Name of mother
18. Name of father
19. Name of informant
20. Signature of informant
21. Signature of registrar
22. Date of registration
23. Place of registration

24. Date of birth
25. Time of birth
26. Place of birth
27. Name of mother
28. Name of father
29. Name of informant
30. Signature of informant
31. Signature of registrar
32. Date of registration
33. Place of registration

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED MAY 9 1932	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bannock	CERTIFICATE OF DEATH		State File No. 78935	
City of	Pocatello	Registration District No. 28		Local Registrar's No. 302	
Primary Registration District No. 2161		(No. Pocatello General Hospital)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		Infant Ralphs			
(a) Residence. No.		Pocatello, Idaho.		St.	
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Male	White	Single			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Apr. 18, 1932.					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	0	0	0		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
None					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.					
13. NAME Leonard Ralphs					
14. BIRTHPLACE (city or town) (State or country) Brigham City, Utah.					
15. MAIDEN NAME Marie Thorpe					
16. BIRTHPLACE (city or town) (State or country) Logan, Utah.					
17. INFORMANT Leonard Ralphs (Address) Rockland, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Logan, Utah Date Apr. 19, 1932.					
19. UNDERTAKER Hall Mortuary (Address) Pocatello, Idaho.					
20. FILED Apr. 13, 1932. D. C. Ray Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Apr. 18, 1932.					
22. I HEREBY CERTIFY, That I attended deceased from					
, 193, to , 193.					
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
Stillborn					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury , 193.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) M. D.					
(Address) Pocatello, Idaho.					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

296-219 007 443

1. PLACE OF BIRTH

County of Bannock
City of Downey
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 63 State File No. _____

Prim. Registration District No. 2160 Local Registrar's No. 10

2. FULL NAME OF CHILD

No Name Stillborn Baby Brody

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth April 17, 1932
(MONTH, DAY, YEAR)

9. Full name F. W. Brody FATHER
10. Residence (usual place of abode) Aima, Ida
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 45 (years)

13. Birthplace (city or place) London, Colo.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour miller
Poultryman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19. _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:00 P. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF) _____

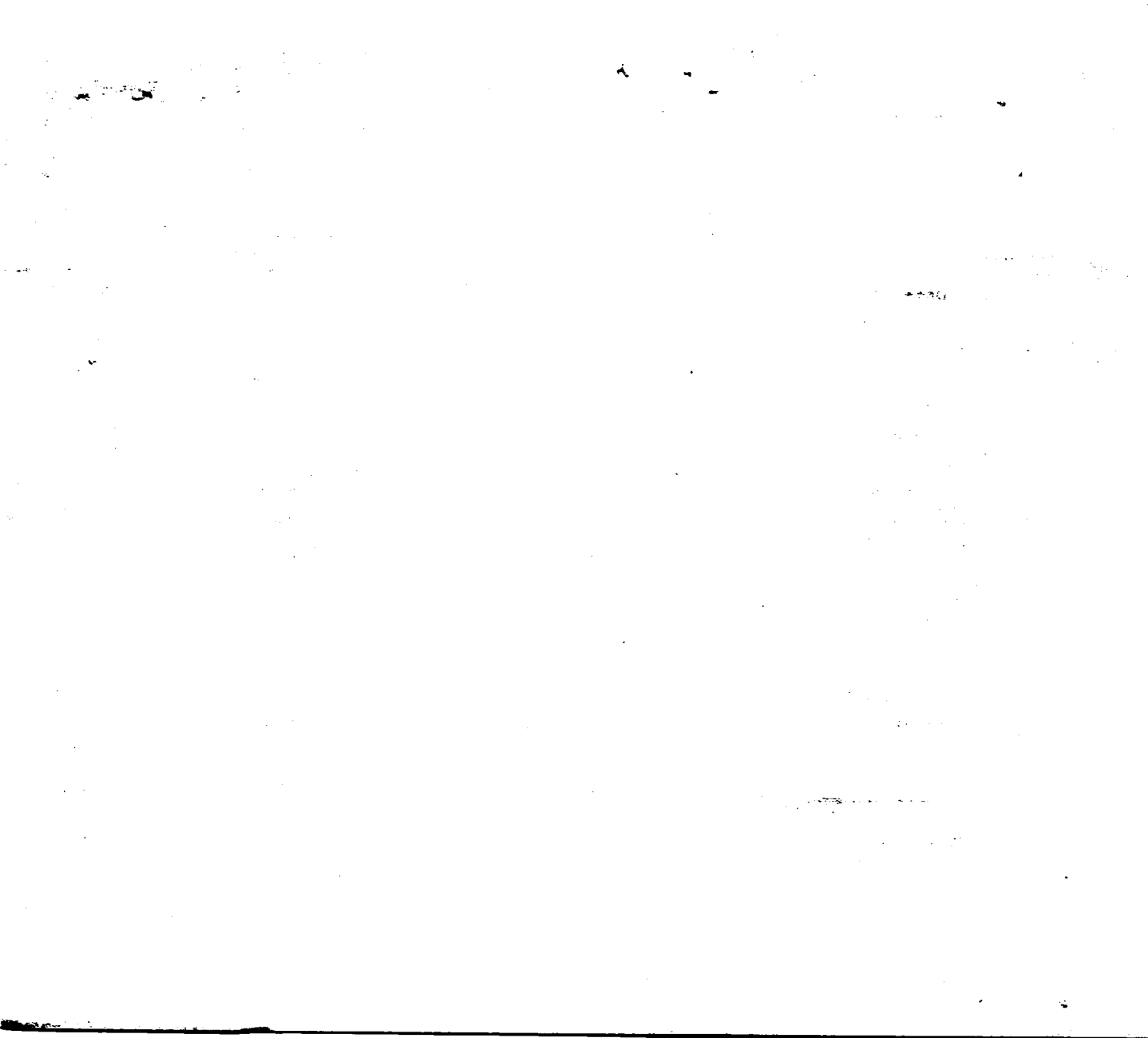
(Signed) H. J. Hartigson, M. D.

or _____ Midwife

Address Downey, Idaho

Filed May 6, 1932 Mary C. Coffin Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

RECEIVED MAY 9 1937
State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 78932
Registered No. 78932

1. PLACE OF DEATH

County of Bainnack
City of Arino

Registration District No. _____
Primary Registration District No. _____
(No. _____, _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Baby Brady

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED OR DIVORCED _____
(Write the word.)

6. DATE OF BIRTH April - 11 - 1932
(Month) (Day) (Year)

7. AGE _____ IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE Pawny Idaho
(State or Country)

10. NAME OF FATHER J. W. Brady

11. BIRTHPLACE OF FATHER Laford Colo.
(State or Country)

12. MAIDEN NAME OF MOTHER Maile Mulhem

13. BIRTHPLACE OF MOTHER Montana
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Brady
(Address) Arino Ida

15. Filed May 6 - 1932 Mary C. Coffin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 20
4 - 19 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date stated above, at 7:00 P.M.
The CAUSE OF DEATH* was as follows:

Still birth (9 mos gestation)
malformed fetus probably
dead two weeks

(Duration) _____ Yrs. _____ mos. _____ ds.
Contributory (Secondary) None known.

(Duration) _____ Yrs. _____ mos. _____ ds.
(Signed) H. J. Havigsen M. D.
19____ (Address) Pawny, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death? _____
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL Arino, Idaho DATE OF BURIAL 4-20-1932

20. UNDERTAKER _____ ADDRESS _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock
City of Pocatello
No. St. Anthony St.
Mercy Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **201237**

Registration District No. 28 State File No. 2161
Prim. Registration District No. 2161 Local Registrar's No. 779

2. FULL NAME OF CHILD Stillborn Roosma

3. Sex Male	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? yes	8. Date of birth <u>4/14/32</u> , 1932 (MONTH, DAY, YEAR)
9. Full name FATHER <u>Cecil W Roosma</u>		18. Full maiden name MOTHER <u>Alberta Daugherty</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>224 N 9th</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>224 N 9th</u>			
11. Color or race <u>W</u>		12. Age at last birthday <u>34</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>Holland</u>		21. Age at last birthday <u>20</u> (years)		22. Birthplace (city or place) (State or country) <u>Samour, Mo</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Postal Clerk</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>O.S.D.</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>32</u>			25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>32</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living		(b) Born alive but now dead		(c) Stillborn <u>1</u>	
28. If stillborn, period of gestation <u>6</u> months		29. Cause of stillbirth <u>Humanly induced</u>		Before labor	
				During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:05 A.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report

(DATE OF)

(Signed) [Signature], M. D.
or [Signature], Midwife
Address [Signature]
Filed 4-13-32, 1932 [Signature] Registrar.

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		State File No. 78934	
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello</u>		Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> Local Registrar's No. <u>300</u>	
(No. <u>Saint Anthony's Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Infant Roosma</u>			
(a) Residence. No. <u>Pocatello, Idaho.</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>April 14, 1932</u>			
7. AGE Years <u>0</u> Months <u>0</u> Days <u>0</u>	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>		
	10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>			
MOTHER	13. NAME <u>Cecel Roosma</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Holland</u>		
	15. MAIDEN NAME <u>Alberta Daugherty</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Missouri.</u>			
17. INFORMANT <u>Cecel Roosma</u> (Address) <u>224 North 9th. Ave. Poca.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>April 16, 1932</u>			
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>			
20. FILED <u>April 15, 1932.</u> <u>J. C. Ray</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>April 14, 1932.</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>4/13/32</u> 193 <u>2</u> , to <u>4/15/32</u> 193 <u>2</u> . I last saw him alive on <u>4/13/32</u> 193 <u>2</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Shell Burn</u>			
Other contributory causes of importance: <u>Respiratory Depression</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>[Signature]</u> M. D. (Address) <u>Pocatello, Idaho.</u>			

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Sterling
No. _____ St.

(If born in hospital or institution give name.)

RECEIVED MAY 2 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 201325
CERTIFICATE OF BIRTH **S**

Registration District No. 116 State File No. _____
Prim. Registration District No. 2195 Local Registrar's No. 21

2. FULL NAME OF CHILD Stillborn Ericson

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>April 24, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>FATHER</u> <u>Halver Norman Ericson</u>	5. Number, in order of birth _____		Full term _____		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sterling Idaho</u>	11. Color or race <u>W</u>		12. Age at last birthday <u>30</u> (years)		
13. Birthplace (city or place) (State or country) <u>Norway</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		
16. Date (month and year) last engaged in this work <u>Now</u> , 19 _____	17. Total time (years) spent in this work <u>14</u>		18. Full maiden name <u>MOTHER</u> <u>Dorothy Stirland</u>		
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sterling Idaho</u>	20. Color or race <u>W</u>		21. Age at last birthday <u>16</u> (years)		
22. Birthplace (city or place) (State or country) <u>Logan Utah</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		
25. Date (month and year) last engaged in this work <u>Now</u> , 19 _____	26. Total time (years) spent in this work <u>1</u>		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		
28. If stillborn, period of gestation <u>24</u> { <u>months</u> / or weeks	29. Cause of stillbirth <u>undetermined</u>		Before labor <u>Yes</u> During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:10 P.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) M. C. Mank, M. D.

or _____, Midwife

Give name added from
a supplemental report _____

Address Aberdeen Idaho

Filed April 25, 1932 M. C. Mank

(DATE OF)

Registrar.

Registrar.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C. 20540

TO : DIRECTOR, FBI (100-374302)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
RE: [Illegible]
[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph memorandum or letter, possibly containing details of an investigation or a report. Some discernible words include "New York", "Bureau", "information", "subject", "report", "copy", "enclosed", "please", "advise", "action", "taken", "will", "be", "for", "your", "information", "and", "action", "as", "appropriate".]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		Registration District No. <u>116</u>		Primary Registration District No. <u>2195</u>		Local Registrar's No. <u>3</u>		State File No. <u>78975</u>	
City of <u>Sterling</u>		(If death occurred in a hospital or institution, give its name instead of street and number.) (No. _____)							
2. FULL NAME <u>Stillborn Ericson</u>		(a) Residence. No. <u>St. Sterling Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>#</u>		21. DATE OF DEATH (month, day, and year) <u>April 24 1932</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		6. DATE OF BIRTH (month, day, and year) <u>April 24, 1932</u>		7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.		22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____ I last saw h..... alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Still birth</u> <u>Misadventure</u> <u>Undetermined cause</u> <u>(M. C. M.)</u> Other contributory causes of importance: <u>Twenty fourth week gestation</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Date of onset <u>Apr 24 1932</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Sterling Idaho</u>		13. NAME <u>Halver Norman Ericson</u>		14. BIRTHPLACE (city or town) (State or country) <u>Norway</u>		15. MAIDEN NAME <u>Dorothy Stirland</u>		16. BIRTHPLACE (city or town) (State or country) <u>Logan Utah</u>	
17. INFORMANT (Address) <u>Mabel H. Stirland</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Sterling Idaho</u> Date <u>April 25 1932</u>		19. UNDERTAKER (Address) <u>Friends</u>		20. FILED <u>Apr 25, 1932</u>		Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>M. C. Mearns</u> , M. D. (Address) <u>Aberdeen Idaho</u>							

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Baquer
City of Clark Fork
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 80 State File No. _____

Prim. Registration District No. 2157 Local Registrar's No. 1

2. FULL NAME OF CHILD

Stillborn Palmer

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Apr-16</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>W. J. H. Palmer</u>	FATHER		18. Full maiden name <u>VICTORIA WAGNER</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) _____			19. Residence (usual place of abode) (If non-resident, give place and State) _____		
11. Color or race <u>W</u>	12. Age at last birthday <u>32</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>21</u> (years)
13. Birthplace (city or place) (State or country) <u>Michigan</u>			22. Birthplace (city or place) (State or country) <u>California</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auto Mechanic</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work <u>May</u> , 193 <u>1</u>			25. Date (month and year) last engaged in this work <u>4</u> , 19 <u>31</u>		
17. Total time (years) spent in this work <u>24</u>			26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>7 Mo</u> months weeks			29. Cause of stillbirth _____		
Before labor _____			During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

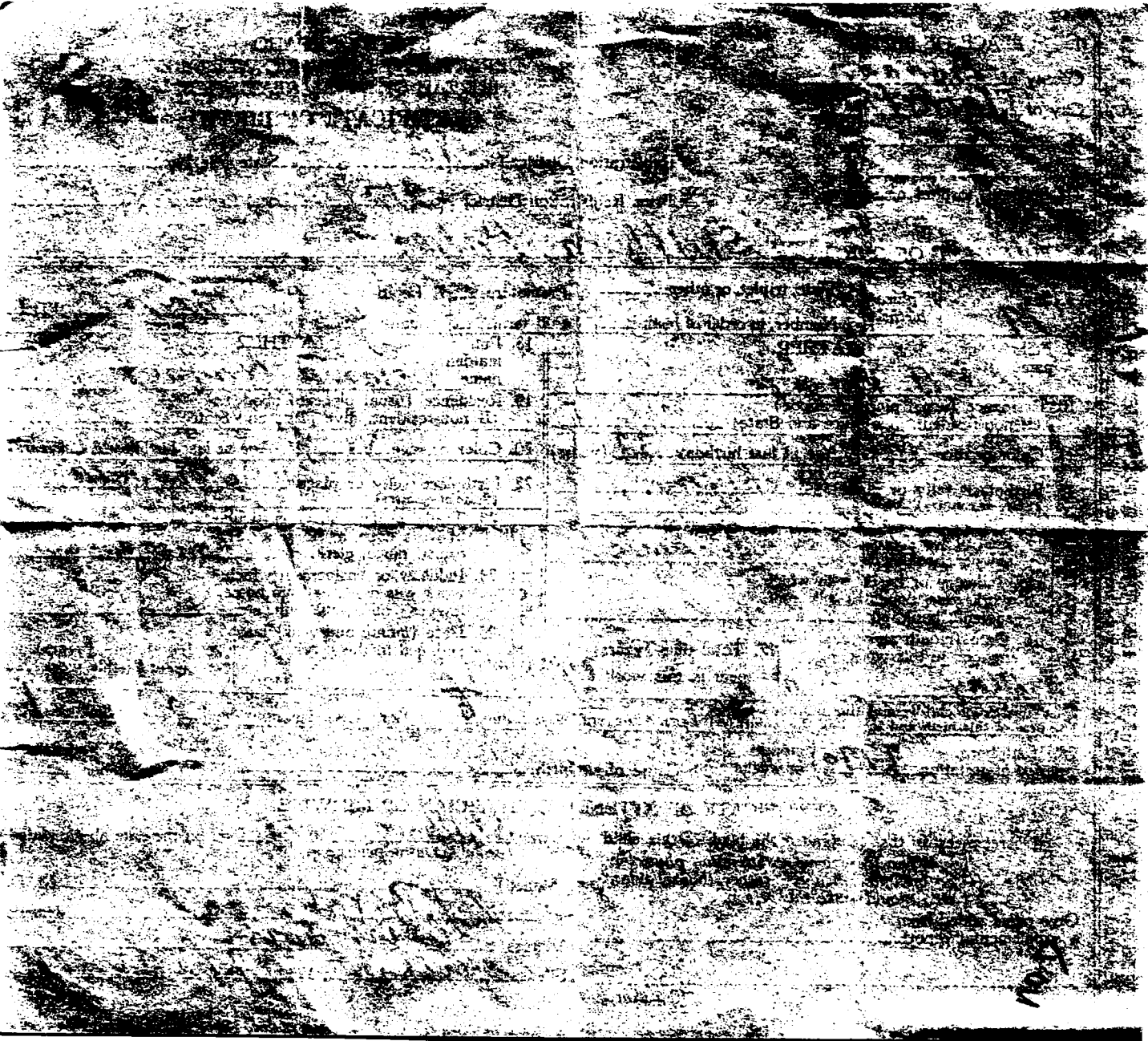
(Signed) W. J. B. Palmer, M. D.

or _____, Midwife

Address Clark Fork

Filed April 30, 1932 John Larson

Registrar.



RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 201367

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls Idaho

No. 201367 St. Idaho
(If born in hospital or institution give name.)

Registration District No. 23 State File No. 214-0

Prim. Registration District No. 214-0 Local Registrar's No. 149

2. FULL NAME OF CHILD Baby Smith Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other { 5. Number, in order of birth { 6. Premature { 7. Legitimate? yes { 8. Date of birth 4-17, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Walter Smith

18. Full maiden name MOTHER Metta May Clark

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

19. Residence (usual place of abode) (If non-resident, give place and state) Idaho Falls

11. Color or race white 12. Age at last birthday 40 (years)

20. Color or race white 21. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or country) Jamacia Iowa

22. Birthplace (city or place) (State or country) Grand Island Neb.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 19

25. Date (month and year) last engaged in this work 4-16, 1932

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

28. If stillborn, { months { 29. Cause of stillbirth { Before labor { During labor {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10³⁵2 m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician { or midwife, then the father, householder, { etc., should make this return. Give name added from a supplemental report. (DATE OF)

(Signed) W. J. Quinn, M. D. or , Midwife Address Idaho Falls, Idaho Filed Apr 20, 1932 W. J. Quinn Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED MAY 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bonneville Registration District No. 3
City of Idaho Falls Primary Registration District No. 1-1-1
(No. _____ St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Baby Smith

State File No. 79007
Local Registrar's No. 28

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Stillborn
(Write the word)
6. DATE OF BIRTH 4 - 17 - 1932
(Month) (Day) (Year)

16. DATE OF DEATH 4 - 17 - 1932
(Month) (Day) (Year)

7. AGE Stillborn IF LESS than 1 day how many
Yrs. Mos. ds. hrs. or min.?

17. I HEREBY CERTIFY, That I attended deceased from Apr 17 1932 to April 17 1932
that I last saw h. alive on 19,
and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows:

8. OCCUPATION
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

Stillborn
(Duration) yrs. mos. ds.

9. BIRTHPLACE (State or Country) Idaho Falls, Idaho

Contributory transverse presentation
(Secondary)

10. NAME OF Father Walter J. Smith

(Signed) Quilling M. D.
19 (Address) Idaho Falls, Ida.

11. BIRTHPLACE OF FATHER (State or Country) Iamacia, Iowa

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

12. MAIDEN NAME OF MOTHER Metta Mae Clark

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

13. BIRTHPLACE OF MOTHER (State or Country) Grand Island, Neb

At place In the of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted ✓
if not at place of death? ✓
Former or usual residence

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walter J. Smith

19. PLACE OF BURIAL OR REMOVAL Crematorium DATE OF BURIAL 4/18 1932

(Address) Idaho Falls, Ida.

20. UNDERTAKER None ADDRESS

15. Apr 20 1932 Local Registrar

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin
City of Clifton
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

201470

Registration District No. 27 State File No. S

(If born in hospital or institution
give name.)

Prim. Registration District No. 219 Local Registrar's No. 105

FULL NAME OF CHILD Baby (Stillborn) Howell
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>4-29-32</u> (Month) (Day) (Year)
----------------------------	---	--	--------------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth... 5 (a) Born alive and now living... 4

Born alive but now dead... Stillborn... 1

FULL NAME <u>Barley Howell</u> FATHER	FULL MAIDEN NAME <u>Lillie Adams</u> MOTHER
--	--

Residence (Usual place of abode) Clifton

It non-resident, give place and State. ... If non-resident, give place and State. ...

Color or race... Clifton Age at last Birthday... 47 (Years)

Birthplace Clifton (City and State or County) ... Fairview (City and State or County)

Occupation Farmer ... D. C.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

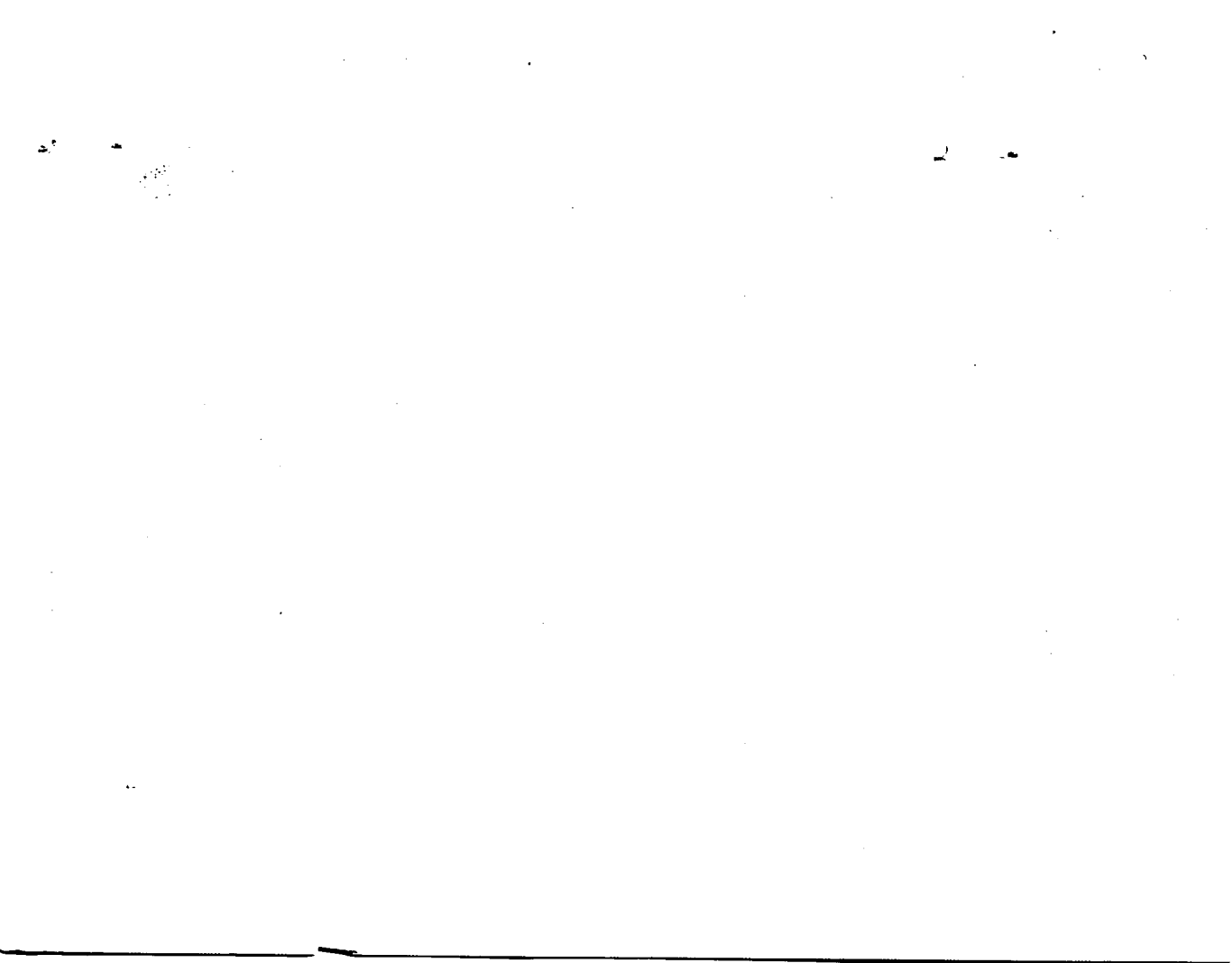
I hereby certify that I attended the birth of this child, who was Born alive at 3:20/9 PM M.
on the date above stated.

(Signature) Irvin R. Cutler
Preston Idaho
(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address

Filed May 8 1932 G. W. States
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED MAY 11 1932	
County of <u>Franklin</u>		CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. <u>79056</u>	
City of <u>Clifton</u>		Registration District No.		Local Registrar's No. <u>28</u>	
Primary Registration District No.		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillborn Baby Howell</u>		<u>766</u>			
(a) Residence. No. St.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced. (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>4-29-32</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Clifton</u>					
MOTHER		13. NAME <u>Parley Howell</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Clifton Ida.</u>			
15. MAIDEN NAME <u>Lillie Adams</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Fairview Ida.</u>					
17. INFORMANT <u>Parley Howell</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>✓</u> Date <u>May 8</u> , 1932					
19. UNDERTAKER (Address)					
20. FILED <u>May 8</u> , 1932 <u>Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>4-29-1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>4-29</u> , 1932, to <u>4-29</u> , 1932					
I last saw <u>h</u> alive on <u>4-29</u> , 1932; death is said to have occurred on the date stated above, at <u>.....</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn Cause Undetermined</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1932					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>O. B. Custer</u> , M. D.					
(Address) <u>Preston, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

645-1207 021-235

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
201477
S

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. _____ St. _____

Registration District No. 27 State File No. _____
Prim. Registration District No. 3119 Local Registrar's No. 121

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Funk

3. Sex <u>Girl</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Apr. 7</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Marlowe Biggs Funk</u>				18. Full maiden name MOTHER <u>Martha Stephens</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Preston</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Preston</u>		
11. Color or race <u>W.</u>		12. Age at last birthday <u>28</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>25</u> (years)
13. Birthplace (city or place) (State or country) <u>Franklin</u>				22. Birthplace (city or place) (State or country) <u>Preston</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____, 19____				25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>						
28. If stillborn, period of gestation <u>8 mo</u> { months _____ weeks _____				29. Cause of stillbirth <u>undetermined</u>		
Before labor <u>yes</u> During labor _____						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. J. D. Daines, M. D.
or _____, Midwife
Address Preston, Ida.
Filed May 8, 1932
G. W. Jones
Registrar.

Give name added from a supplemental report _____
(DATE OF) _____
Registrar.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **79055**

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn (Baby Funk)

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 7, 1932

7. AGE Years Months Days If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Marlowe Biggs Funk11. BIRTHPLACE OF FATHER (city or town) Richmond Utah
(State or Country)12. MAIDEN NAME OF MOTHER Martha Stephens13. BIRTHPLACE OF MOTHER (city or town) Preston, Idaho
(State or Country)

14. Informant Marlowe Biggs Funk
(Address) Preston Idaho

15. Filled May 8, 1932Registrar. G. W. Stokes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1932
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 7, 1932, to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows

Undetermined. Died
One week before birth

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? no(Signed) Dr. J. H. JonesMay 8, 1932 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Preston, Idaho4-8-32 19

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications. as **Day laborer Farm laborer. Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding
City of Gooding
No. R.F.D. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
MAY 9 1932

CERTIFICATE OF BIRTH **S201530**
Registration District No. 24 State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No. Local Registrar's No. 72

FULL NAME OF CHILD

Royal J. Allen Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>April 15 1932</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead. Stillborn

FATHER FULL NAME <u>Jack B. Allen</u>	MOTHER FULL MAIDEN NAME <u>Bora L. Jenkins</u>
--	---

Residence (Usual place of abode) Gooding

If non-resident, give place and State

Color or race White Age at last Birthday 24 (Years)

Birthplace Idaho (City and State or County)

Occupation Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A. M.
on the date above stated.

(Signature) J. H. Cornwall
(Physician or midwife)

Address Gooding Idaho

Filed 4/30 1932 J. H. Cornwall
Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9 1932

PLACE OF DEATH

County of GordiumCity of Gordium

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 79074

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Royal J. Allen

(a) Residence. No.

(Usual place of abode)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single Married, Widowed, or Divorced (circle the word)

Stillborn

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 15-32

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country)

Gordium, Ida.

13. NAME

Jack B. Allen

14. BIRTHPLACE (city or town) (State or country)

Idaho

15. MAIDEN NAME

Eara L. Jenkins

16. BIRTHPLACE (city or town) (State or country)

Utah

17. INFORMANT (Address)

J. B. Allen Gordium, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place

GordiumDate 4-16-32

19. UNDERTAKER (Address)

A. B. Thompson

20. FILED

4-31-321932 J. H. Arnold Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-15-193222. I HEREBY CERTIFY, That I attended deceased from

....., 193....., to , 193.....

I last saw h. alive on....., 193.....; death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn gestation period 9 mths.

Other contributory causes of importance

Mal. presentation
dysfunctional
deliveryName of operation..... Obstetrical Date of 4-15-32What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Arnold M. D.(Address) Gordium, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai
City of Spirit Lake
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 41 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 6

2. FULL NAME OF CHILD

Baby Lewis Stillborn

3. Sex F. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature ☒ Full term _____ 7. Legitimate? yes 8. Date of birth Mar 14, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER

Leon W. Lewis

10. Residence (usual place of abode) (If non-resident, give place and State) Kootenai County, Idaho

11. Color or race wh. 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or country) Necoma, Wis.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 1931/

17. Total time (years) spent in this work 5 yrs

27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 7 1/2 months or weeks

29. Cause of stillbirth Fall

Before labor ☒ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 7 P. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. C. Spooner, M. D.

or _____, Midwife

Give name added from a supplemental report _____

(DATE OF)

Address Spirit Lake, Ida

Filed Mar 16, 1932 A. C. Spooner

Registrar.

Registrar.

UNITED STATES OF AMERICA

IN SENATE

January 1, 1901

REPORT

OF THE COMMISSIONERS OF THE GENERAL LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

APRIL 1, 1898

AND

IN RESPONSE TO A RESOLUTION PASSED BY THE HOUSE OF REPRESENTATIVES

APRIL 1, 1898

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of KootenaiCity of Spirit Lake

CERTIFICATE OF DEATH

Registration District No. 46Primary Registration District No. _____ Local Registrar's No. 46

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Lewis

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE wh. 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Spirit Lake Idaho
(State or country)10. NAME OF FATHER Lem W. Lewis11. BIRTHPLACE OF FATHER (city or town) Nemoosie
(State or Country) Wis12. MAIDEN NAME OF MOTHER Bertha Gunnert13. BIRTHPLACE OF MOTHER (city or town) Moscow
(State or Country) Ida14. Informant Lem Lewis
(Address) Spirit Lake15. Filed Mar 16 1932 A C Spooner
Registrar.

RECEIVED APR 25 1932

DO NOT WRITE IN THIS SPACE

79095

State File No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

About Mar 10, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Stillborn Mar 15-1932. Death about 5 days before. Gestation 7 1/2 mo.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____ if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) A C Spooner, M. D.
Mar 16 1932 (Address) Spirit Lake Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Private ground 3/16 1932

20. Undertaker Address

none _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah
City of Potlatch
No. _____ St. _____

RECEIVED MAY 12 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 201611

Registration District No. 60 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2145 Local Registrar's No. _____

2. FULL NAME OF CHILD Stillborn

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other <u>✓</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 21</u> , 1932 (MONTH, DAY, YEAR)
		5. Number, in order of birth <u>✓</u>	Full term <u>no</u>		

9. Full name <u>James Lee</u>	FATHER	18. Full maiden name <u>Wesley Henry</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Potlatch</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Potlatch</u>	

11. Color or race <u>W</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>28</u> (years)
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13. Birthplace (city or place) (State or country) <u>Missouri</u>	22. Birthplace (city or place) (State or country) <u>Missouri</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Saw mill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work <u>April</u> , 1932		25. Date (month and year) last engaged in this work <u>April</u> , 1932
	17. Total time (years) spent in this work <u>9</u>		26. Total time (years) spent in this work <u>12</u>

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation <u>6</u> months or weeks	29. Cause of stillbirth <u>not known</u>	Before labor <u>yes</u>	During labor <u>no</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 1/2 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

(Signed) J. W. Thompson, M. D.

or _____, Midwife

Address Potlatch

Filed April 23, 1932 J. W. Thompson

Registrar.

[illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **79123**

PLACE OF DEATH

County of Latah
City of Pottlatch

Registration District No. 65
Primary Registration District No. 2145

Local Registrar's No. 206

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn infant of James Loc

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) April 21 - 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
✓ ✓ ✓ ✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) Pottlatch
(State or country)

10. NAME OF FATHER James Loc

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER Melina Newmy

13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)

14. Informant James Loc
(Address) Pottlatch

15. Filed April 23, 1932 Bo J N Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 21 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,
that I last saw h _____ alive on _____, 19____,
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Stillborn

CONTRIBUTORY (Secondary) _____
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. W. Thompson M. D.
April 23, 1932 (Address) Pottlatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pottlatch Cemetery Date of Burial April 21 1932

20. Undertaker Parents Address Pottlatch

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Salesman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia, PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **201613**

1. PLACE OF BIRTH

County of Latah
City of Booth
No. _____ St. _____

Registration District No. 65 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2145 Local Registrar's No. _____

2. FULL NAME OF CHILD

Unborn Stillbirth

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other <u>✓</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 17</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>Charles Blanchard</u>	FATHER		MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	11. Color or race <u>W</u>		12. Age at last birthday <u>27</u> (years)		13. Birthplace (city or place) (State or country) <u>Arizona</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheep-herder</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		16. Date (month and year) last engaged in this work <u>April</u> , 193 <u>2</u>		
17. Total time (years) spent in this work <u>10</u>	18. Full maiden name <u>Mary E. Hable</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Idaho</u>		20. Color or race <u>W</u>
21. Age at last birthday <u>23</u> (years)	22. Birthplace (city or place) (State or country) <u>Wisconsin</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work <u>April</u> , 193 <u>2</u>		26. Total time (years) spent in this work <u>4</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>8 months</u> months or weeks					
29. Cause of stillbirth <u>Not Known</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 20

I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 A.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) T C Gibson, M. D.

or _____, Midwife

Address Booth

Filed April 19, 1932 J. W. Thompson

Registrar.

Registrar.

2

5420

STATIONER & PRINTER

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **79122**

PLACE OF DEATH

County of Latah
City of Pollatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. 206

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn -

(a) Residence. No. Joan - St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 16th

7. AGE Years Months Days If LESS than 1 day,
✓ ✓ ✓ ✓ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Joan
(State or country)

10. NAME OF FATHER Charles Blanchard

11. BIRTHPLACE OF FATHER (city or town) Arizona
(State or Country)

12. MAIDEN NAME OF MOTHER Mary E. Hable

13. BIRTHPLACE OF MOTHER (city or town) Wisconsin
(State or Country)

14. Informant Theresa Hable
(Address) Joan

15. Filed April 17th 1932 D. J. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 16th 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Stillborn
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY ✓
(Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) F. C. Gibson M. D.
April 17th 1932 (Address) Pollatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pollatch Cemetery Date of Burial April 19 1932
20. Undertaker Parents Address Joan

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Salesman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "**Laborer, Foreman, Manager, Dealer,**" etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "**Epidemic cerebrospinal meningitis**"); **Diphtheria** (avoid use of "**Croup**"); **Typhoid fever** (never report "**Typhoid Pneumonia**"); **Lobar pneumonia; Bronchopneumonia** ("**Pneumonia**," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "**Cancer**" is less definite; avoid use of "**Tumor**" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions, such as "**Asthenia, Anaemia**" (merely symptomatic), "**Atrophy, Collapse, Coma, Convulsions, Debility, Congenital, Senile,**" etc.), "**Dropsy, Exhaustion, Heart Failure, Hemorrhage, Inanition, Marasmus, Old age, Shock, Uraemia, Weakness,**" etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia, PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "**Contributory.**"

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH

County of Madison
 City of Rexburg
 No. 163-5-2nd West St.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH - 201631

Registration District No. 100 State File No. S

(If born in hospital or institution
 give name.)

Prim. Registration District No. 28 Local Registrar's No. 87

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>6</u> <u>?</u> <u>1932</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Leo Franklin Watts</u>	MOTHER FULL MAIDEN NAME <u>Therese Stoddard</u>
---	--

Residence (Usual place of abode) <u>Rexburg</u>	Residence (Usual place of abode) <u>Rexburg</u>
---	---

If nonresident, give place and State

Color or race <u>White</u> Age at last Birthday <u>22</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>21</u> (Years)
---	---

Birthplace <u>Rexburg Idaho</u> (City and State or Country)	Birthplace <u>Parker, Idaho</u> (City and State or Country)
--	--

Occupation <u>Barber</u>	Occupation <u>Housewife</u>
--------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1240 P M.
 on the date above stated.

(Signature) Lorin D. Rich

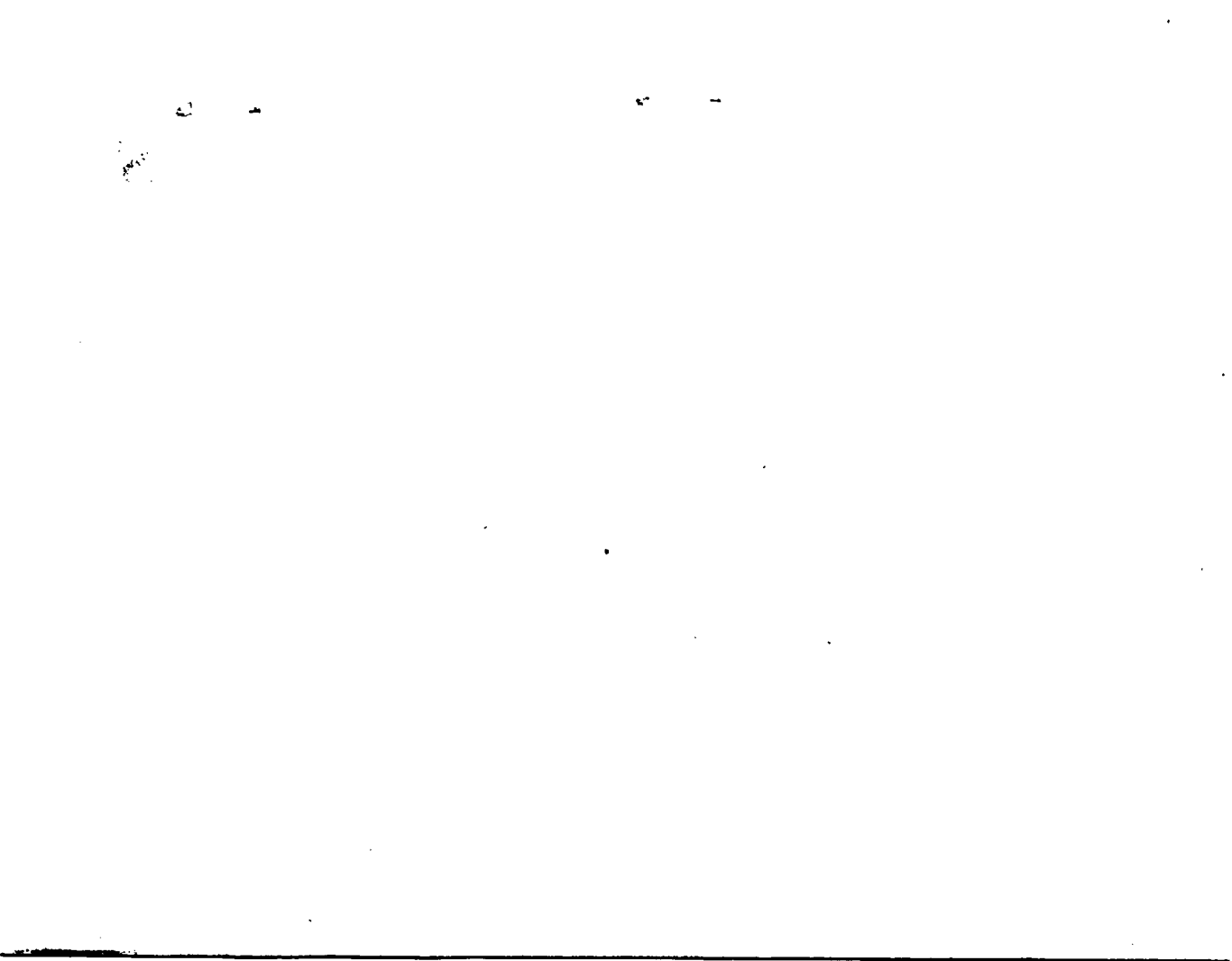
(Physician or midwife)

Address Rexburg Idaho

Filed 4-11-1932 J. P. Young
 Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
PLACE OF DEATH		COUNTY OF <u>Madison</u>		CITY OF <u>Rexburg</u>	
Registration District No. <u>100</u>		Primary Registration District No. <u>2178</u>		Local Registrar's No. <u>13</u>	
(No. <u>✓</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Watts Stillborn</u>					
(a) Residence. No. <u>163-3-2nd West</u> St. <u>906</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Baby</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>6-7-32</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>					
10. Date deceased last worked at this occupation (month and year) <u>✓</u>					
11. Total time (years) spent in this occupation <u>✓</u>					
12. BIRTHPLACE (city or town) <u>Rexburg Idaho</u> (State or country)					
13. NAME <u>Leo Franklin Watts</u>					
14. BIRTHPLACE (city or town) <u>Rexburg Idaho</u> (State or country)					
15. MAIDEN NAME <u>Florence Stoddard</u>					
16. BIRTHPLACE (city or town) <u>Parker Idaho</u> (State or country)					
17. INFORMANT <u>Louise Rich</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193__					
19. UNDERTAKER (Address) <u>4/9</u>					
20. FILED <u>4/9</u> , 193__ <u>2</u> <u>J. Young</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>4-7-193</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>4-7-1932</u> to <u>7-1932</u> , 193__					
I last saw <u>Stillborn</u> , 193__: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Strangulation of cord</u> <u>Premature Birth</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 193__					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>✓</u>					
If so, specify <u>✓</u>					
(Signed) <u>Louise Rich</u> , M. D.					
(Address) <u>Rexburg Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Madison
City of Hillbald
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stillborn

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 201655

Registration District No. 100 State File No. S

Prim. Registration District No. 2178 Local Registrar's No. 94

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>April 5</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>Edward Sommer</u>	FATHER		18. Full maiden name <u>Alice Henrichs</u>		MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hillbald</u>	5. Number, in order of birth _____		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hillbald</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>43</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>43</u> (years)
13. Birthplace (city or place) (State or country) <u>Replung</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		22. Birthplace (city or place) (State or country) <u>Replung</u>		
OCCUPATION	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
	17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation 8 months or weeks

29. Cause of stillbirth Breech Dry Birth

Before labor _____
During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 P m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. H. H. H. M. D.

or _____ Midwife

Address _____

Filed 94, 1932

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.

SECRET
1. The purpose of this document is to provide information regarding the activities of the [redacted] in the [redacted] area.

2. The [redacted] has been observed in the [redacted] area, and it is believed that it is engaged in [redacted] activities.

3. It is recommended that the [redacted] be monitored closely, and that any further activities be reported to the [redacted] immediately.

4. The [redacted] is currently under observation, and it is believed that it is engaged in [redacted] activities.

5. It is recommended that the [redacted] be monitored closely, and that any further activities be reported to the [redacted] immediately.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Bess Maternity Home

(If born in hospital or institution give name.)

RECEIVED MAY 7 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 201758

Registration District No. 123 State File No. S

Prim. Registration District No. 2201 Local Registrar's No. 52

2. FULL NAME OF CHILD Baby Divers Stillborn

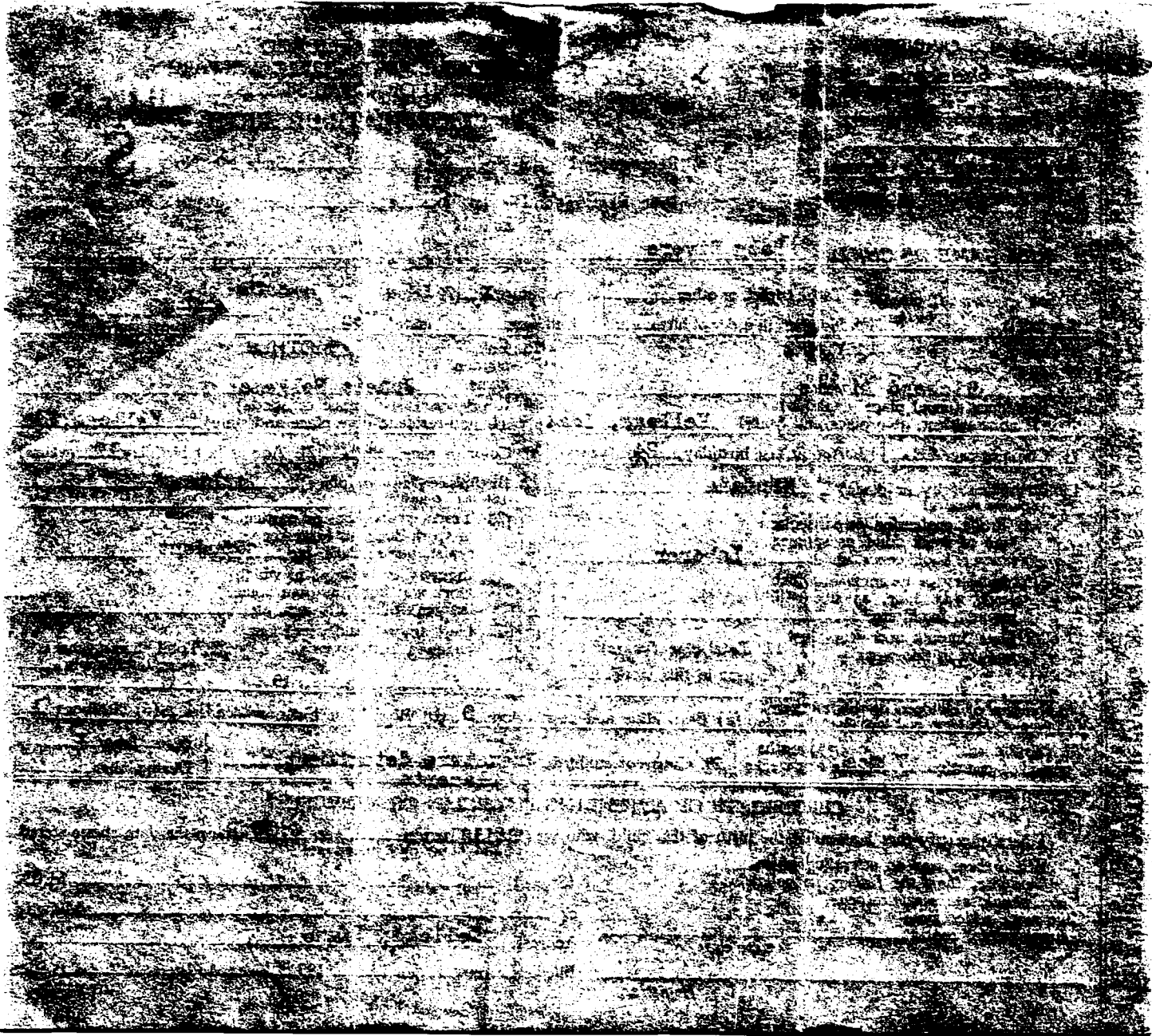
3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>4-2-32</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>Richard Divers</u>	FATHER		18. Full maiden name <u>Junia Helgemo</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg, Ida.</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Kellogg, Ida.</u>		
11. Color or race <u>Am.</u>		12. Age at last birthday <u>24</u> (years)		20. Color or race <u>Am.</u>	
13. Birthplace (city or place) (State or country) <u>Montana</u>		21. Age at last birthday <u>19</u> (years)		22. Birthplace (city or place) (State or country) <u>Michigan</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Student</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		19. _____		26. Total time (years) spent in this work _____	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 7 mos. { months or weeks } 29. Cause of stillbirth Premature detachment of placenta { Before labor X During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:00 P. on the date above stated.
(BORN ALIVE OR STILLBORN)
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF) _____
Registrar. _____
(Signed) W. C. Lindsay M. D.
or _____ Midwife
Address Kellogg, Idaho
Filed May 1, 1932 Mrs. Helen M. Bide Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		Registration District No. <u>123</u>		State File No. <u>79176</u>	
City of <u>Kellogg</u>		Primary Registration District No. <u>2201</u>		Local Registrar's No. <u>20</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Livers</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>4/2/32</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Kellogg, Ida</u>					
MOTHER FATHER					
13. NAME <u>R J Livers</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Missoula Mont</u>					
15. MAIDEN NAME <u>Jessie Helgers</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>					
17. INFORMANT <u>Richard J. Helgers</u>					
(Address) <u>Kellogg Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place _____ Date _____, 193 <u>2</u>					
19. UNDERTAKER <u>W C Thorne</u>					
(Address) <u>Kellogg Ida</u>					
20. FILED <u>May 1</u> , 193 <u>2</u> <u>Mrs. Helen D. Brite</u>					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) _____					
22. I HEREBY CERTIFY, That I attended death <u>Apr 2nd</u> , 193 <u>2</u> , to _____					
I last saw him alive on <u>Apr 2nd</u> , 193 <u>2</u> , when he is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Prematurity</u>					
Date of onset _____					
Other contributory causes of importance: <u>Cremature detachment of placenta</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>W C Thorne</u> , M. D.					
(Address) <u>Kellogg Idaho</u>					

1619

UNITED STATES STANDARD-CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls
City of Twin Falls

No. _____ St. _____

413 213042-799

(If born in hospital or institution give name.)

STATE OF IDAHO MAY 13 1932
DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S201787

Registration District No. 37 State File No. _____Prim. Registration District No. 1085 Local Registrar's No. 134FULL NAME OF CHILD Stillborn Malberg

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>4</u> <u>13</u> <u>1932</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? NoneNumber of child of this mother, including present birth 3rd (a) Born alive and now living 2Born alive but now dead _____ Stillborn 1

FATHER FULL NAME <u>William Charles Malberg</u>	MOTHER FULL MAIDEN NAME <u>Evelyn Louise Grinstead</u>
--	---

Residence (Usual place of abode) Twin Falls

If nonresident, give place and State _____

Color or race White Age at last Birthday 27 (Years)Birthplace Fort, Ill (City and State or Country)Occupation SalesmanColor or race White Age at last Birthday 25 (Years)Birthplace Sherman, Texas (City and State or Country)Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

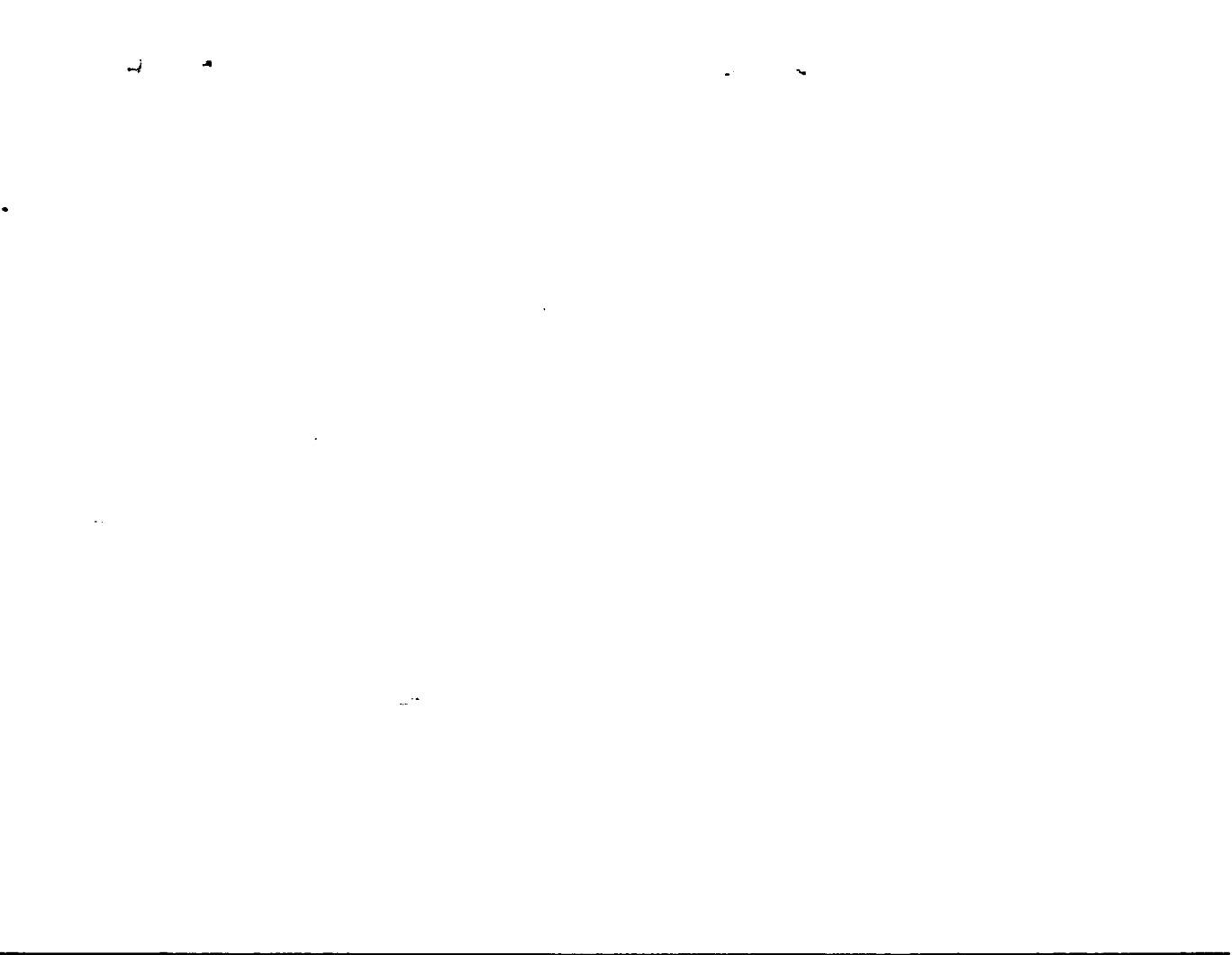
I hereby certify that I attended the birth of this child, who was Stillborn at 5 P. M. on the date above stated.(Signature) E. D. Weaver

(Physician or midwife)

Address Twin Falls, Id.Filed 5/10 1932 Elizbeth Smith

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAHO

MAY 20 1932 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

79203

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evelyn Louise Malberg(a) Residence. No. 728-2nd W. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) -6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -6. DATE OF BIRTH (month, day and year) April 18-19327. AGE Years Months Days If LESS than 1 day.
0 0 0 - hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work -(b) General nature of industry, business, or establishment in which employed (or employer) -(c) Name of employer -9. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

10. NAME OF FATHER

William C. Malberg11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER

Evelyn Louise Christened13. BIRTHPLACE OF MOTHER (city or town) Sherman
(State or Country) Texas

14.

Informant
(Address)W. C. Malberg
728-2nd ave W Twin Falls

15.

Filed

4/15 1932 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 13 1932
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I have deceased fromon 4 13 1932
that I last saw her alive on born dead 1932and that death occurred, on the date stated above, at - m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Dead several days
before birth
Cause undetermined.(duration) - yrs. - mos. - ds.CONTRIBUTORY
(Secondary)(duration) - yrs. - mos. - ds.18. Where was disease contracted
if not at place of death? -Did an operation precede death? - Date of -Was there an autopsy? -What test confirmed diagnosis? -(Signed) E. D. Weaver M. D.
4-15 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls Cem 4-14 1932

20. Undertaker

Address

White Mortuary Inc Twin Falls
Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report **Typhoid pneumonia**"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls
City of Twin Falls
No. Quincy St.

RECEIVED MAY 13 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 201817

Registration District No. 37 State File No. S

Prim. Registration District No. 1085 Local Registrar's No. 151

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stillborn

3. Sex Boy If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 4-5, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Blaine Webb 18. Full maiden name MOTHER Goldie Hardwell

10. Residence (usual place of abode) (If non-resident, give place and State) Gilmer 19. Residence (usual place of abode) (If non-resident, give place and State) Gilmer

11. Color or race W 12. Age at last birthday 23 (years) 20. Color or race white 21. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or country) Lehi, Utah 22. Birthplace (city or place) (State or country) Republic, Kan

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Premature separation of placenta Before labor X During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:30 m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

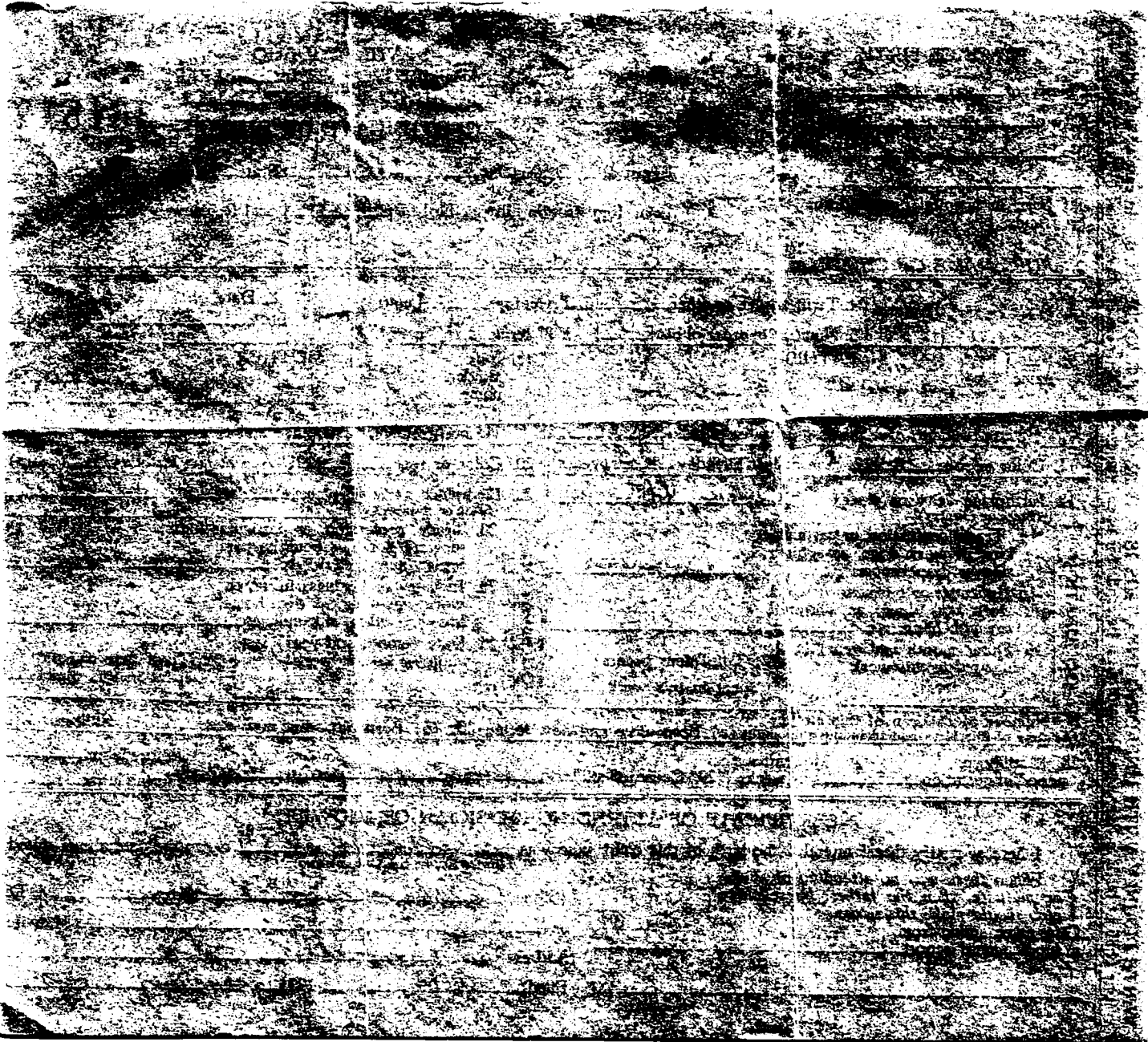
(Signed) Charles H. Ernest, M. D.

or _____, Midwife

Address Twin Falls, Ida.

Filed 5/10, 1932 Elyette J. Smith Registrar.

Registrar.



RECEIVED MAY 13 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

79218

State File No.

PLACE OF DEATH

County of

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

male

white

single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

4/6

1932

Elizabeth J. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 5 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19... to 19...
that I last saw him alive on Stillborn 19...
and that death occurred, on the date stated above, at 9:00 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Stillborn
Transverse presentation
with prolapse of cord
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Russell Heaver, M.D.
4/6 1932 (Address) Twin Falls, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

P. P. Cemetery

4/6 1932

20. Undertaker

Address

White Mortuary Inc

Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

201883

No. St. Luke's Hospital St.

Registration District No. 2 State File No. 234

(If born in hospital or institution give name.)

Prim Registration District No. 1004 Local Registrar's No. 234

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>May 4</u> 19 <u>32</u> (Month) (Day) (Year)
--------------------------	---	---	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME <u>Ivan Ewart Bennett</u> Residence (Usual place of abode) <u>Boise, Idaho</u>	MOTHER FULL MAIDEN NAME <u>Louise Josephine Miller</u> Residence (Usual place of abode) <u>Boise, Idaho</u>
---	---

If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>42</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>33</u> (Years)
Birthplace <u>York, Neb.</u> (City and State or Country)	Birthplace <u>Summerville, Pa.</u> (City and State or Country)
Occupation <u>Livestock</u>	Occupation <u>Stamper</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 10 P. M.
on the date above stated.
(Signature) H. E. Didman

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Boise, Idaho
Filed 5-17 1932 W. H. Rhodes Registrar.

ORANGE NO. 117472
PLANTING OF BUSHES AND TREES

HTSDP

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
RECEIVED JUN 11 1932 CERTIFICATE OF DEATH		79283 State File No.	
PLACE OF DEATH Ada. County of.....		Local Registrar's No. 136	
City of Boise. Registration District No. 2 Primary Registration District No. 1004		206	
(No. St. Luke's Hospital.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME Infant Bennett.			
(a) Residence. No. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced Single.	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		21. DATE OF DEATH (month, day, and year) May. 4. 1932	
6. DATE OF BIRTH (month, day, and year) May. 4. 1932.		22. I HEREBY CERTIFY, That I attended deceased from....., 193....., to....., 193.....	
7. AGE Still Born.	Years Still Born.	Months Still Born.	Days Still Born.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at..... m.	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		The principal cause of death and related causes of importance were as follows:	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Boise. (State or country) Idaho.		Other contributory causes of importance: Placenta Previa	
13. NAME Ivan E. Bennett.		Name of operation..... Date of.....	
14. BIRTHPLACE (city or town) York. (State or country) Nebraska.		What test confirmed diagnosis?..... Was there an autopsy?.....	
15. MAIDEN NAME Lois J. Miller.		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193.....	
16. BIRTHPLACE (city or town) Penn. (State or country)		Where did injury occur?..... (Specify city or town, county, and State)	
17. INFORMANT Ivan E. Bennett. (Address) 1410 N. 18th Street, Boise.		Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date May. 5. 1932		Manner of injury.....	
19. UNDERTAKER Summers & Krebs (Address) Boise Idaho.		Nature of injury.....	
20. FILED 5-5 1932 W. H. Rhodes Registrar.		24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) H. E. Redman M. D. (Address) Boise, Idaho.	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH RECEIVED JUN 6 1932 STATE OF IDAHO

County of **BANNOCK**

DEPARTMENT OF PUBLIC WELFARE

City of **POCATELLO, IDAHO**

BUREAU OF VITAL STATISTICS

No. **610 E. HAYDEN**

CERTIFICATE OF BIRTH

S 201951

AT HOME

(If born in hospital or institution give name.)

Registration District No. **28** State File No. **824**Prim. Registration District No. **2.61** Local Registrar's No.

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate? YES	Date of birth	5	15	19	32
Male					(Month)	(Day)	(Year)		

What prophylactic was used to prevent Ophthalmia Neonatorum? **1 % Ag NO 3**Number of child of this mother, including present birth **7** (a) Born alive and now living **6**Born alive but now dead **0** Stillborn **1**

FATHER	MOTHER
FULL NAME Juan Rueda	FULL MAIDEN NAME Soledad Valozques

Residence (Usual place of abode) 610 E. Hayden	Residence (Usual place of abode) 610 E. Hayden
---	---

If non-resident, give place and State City	If non-resident, give place and State City
---	---

Color or race white	Color or race white
----------------------------	----------------------------

Age at last Birthday 40 (Years)	Age at last Birthday 36 (Years)
--	--

Birthplace Jalisco, Mexico (City and State or County)	Birthplace Jalisco, Mexico (City and State or County)
--	--

Occupation Laborer	Occupation Housewife
---------------------------	-----------------------------

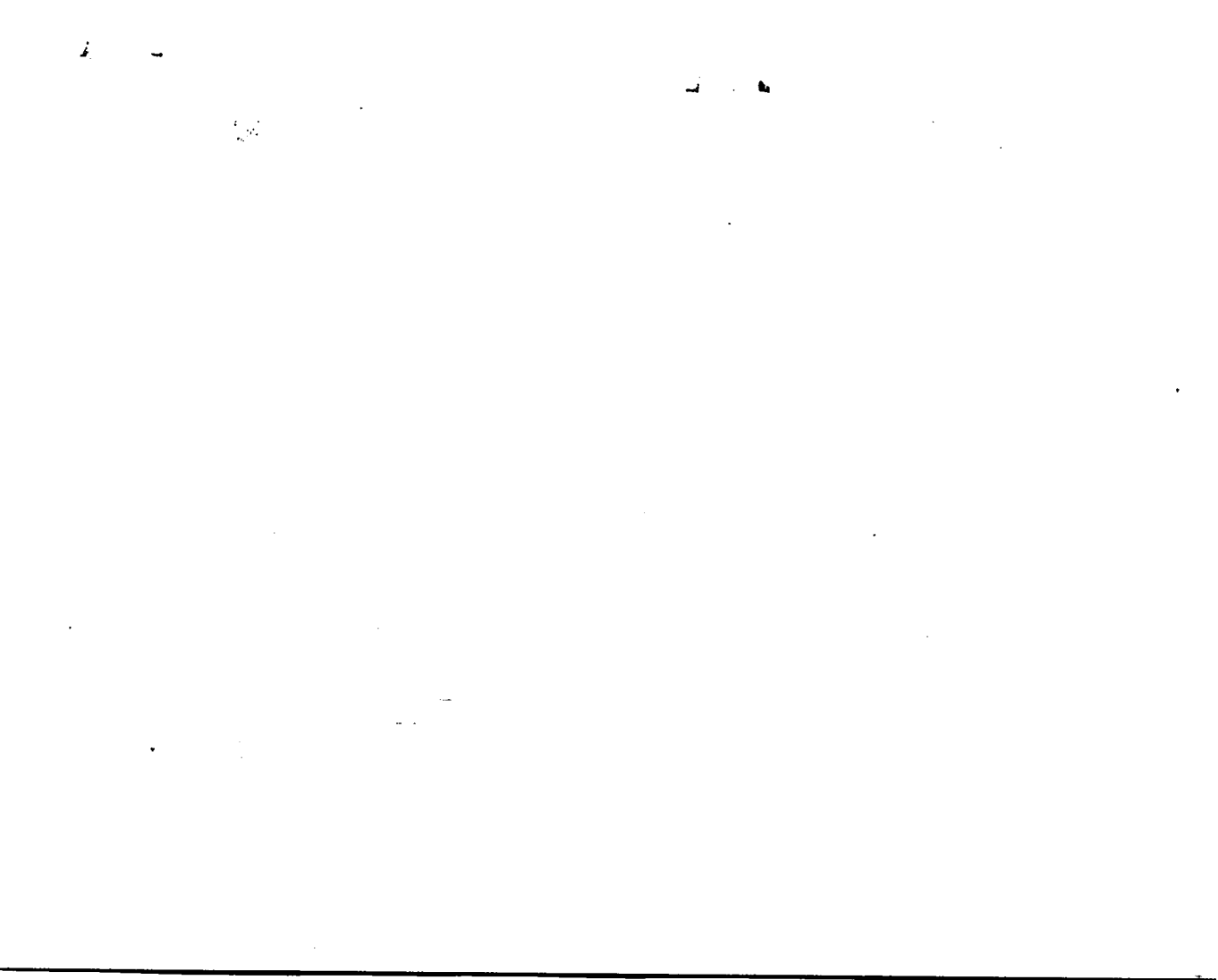
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **4:30 A. M.** on the date above stated.(Signature) **Occipital posterior, version, exhaustion** **William F. Howard, M.D.**

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address **Pocatello, Idaho**Filed **5-31-32** **D. C. Ray**

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **79271**County of BannockCity of PocatelloRegistration District No. 28Primary Registration District No. 2161Local Registrar's No. 324(No. 610 East Bridger)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Rueda(a) Residence. No. 610 East Bridger St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Stillborn</u>
-----------------------	------------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 15, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
--------	-------	--------	------	--

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho13. NAME Juan Rueda14. BIRTHPLACE (city or town) _____
(State or country) Mexico15. MAIDEN NAME Seledad Velasquez16. BIRTHPLACE (city or town) _____
(State or country) Mexico17. INFORMANT Juan Rueda (father)
(Address) 610 East Bridger18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Idaho Date May 16, 193219. UNDERTAKER A. J. Hall
(Address) Pocatello, Idaho20. FILED 5-16, 1932 L. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from

May 15, 1932, to May 15, 1932I last saw him Still-born death is saidto have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance

were as follows: Still-bornDate of onset
5/15/32

Other contributory causes of importance:

Aspirin posterior
Version
Exhaustion

Name of operation _____ Date of _____

What test confirmed diagnosis Delmar Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) William F. Howard M. D.(Address) Pocatello, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia
City of Challis
No. 1 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
202168

Registration District No. 108 State File No. 3
Prim. Registration District No. 2186 Local Registrar's No. 332

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>May</u> <u>23</u> <u>1932</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living 2Born alive but now dead 0 Stillborn 1FATHER
FULL NAME J. E. PritchettResidence (Usual place of abode) Clayton, Ida.

If non-resident, give place and State

Color or race White Age at last Birthday 39
(Years)Birthplace Clayton, Ida.
(City and State or County)Occupation FarmerMOTHER
FULL MAIDEN NAME Leta E. KelleyResidence (Usual place of abode) Clayton, Ida.

If non-resident, give place and State

Color or race White Age at last Birthday 31
(Years)Birthplace Challis, Ida.
(City and State or County)Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 9 P. M.
on the date above stated.

(Signature) C. L. Kirtley

(Physician or midwife)

Address C. L. Kirtley, Challis, Ida.Filed May 31, 1932 Challis, Ida.
Registrar

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

1. The child was born at the residence of the mother, who is a resident of the State of Illinois, on the 1st day of January, 1910, at the hour of 12:00 M. The child was born at the residence of the mother, who is a resident of the State of Illinois, on the 1st day of January, 1910, at the hour of 12:00 M.

STATE OF ILLINOIS

FILE NAME OF CHILD

Sex of Child
Date of Birth

Place of Birth

Time of Birth

Weight of Child

Length of Child

Head Circumference

Chest Circumference

Arm Circumference

Leg Circumference

Foot Circumference

Hand Circumference

Birth Weight

Birth Length

Birth Head Circumference

DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF VITAL STATISTICS
 STATE OF ILLINOIS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Birth Registration District No. _____ Registrar's No. _____

At _____, Illinois, on the _____ day of _____, 19____

I, _____, Registrar, do hereby certify that the above named child was born at _____, Illinois, on the _____ day of _____, 19____, at the hour of _____ M., and that the child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

The child was born at the residence of the mother, who is a resident of the State of Illinois, on the _____ day of _____, 19____, at the hour of _____ M.

If there were no attendants present at the birth, the mother should sign this certificate. A stillborn child is one that breathes not showing any evidence of life after birth.

(Physician or midwife)

Address _____

Signed _____

RECEIVED JUN 6 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

79365

State File No.

PLACE OF DEATH

County of CusterCity of Clayton

CERTIFICATE OF DEATH

Registration District No. 108Primary Registration District No. 2186Local Registrar's No. 139

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillbirth

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 23 1932

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Clayton, Ida.10. NAME OF FATHER J. E. Papworth11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Leta E. Kelley13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Challis, Ida.

14.

Informant
(Address) Mrs. Daisy Papworth

15.

Filed May 31, 1932Edna M. Kennedy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May231932

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY That I attended deceased from

19.....

to.....

19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Miscarriage at 2 months

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) E. S. Kirtley5/311932(Address) Clayton, Ida.

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clayton, Ida.May 23 1932

20. Undertaker

Address

RelativesClayton, Ida.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) SALEMAN, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

County of Custer RECEIVED JUN 8 1932 DEPARTMENT OF PUBLIC WELFARE
City of East Fork Clayton BUREAU OF VITAL STATISTICS
No. _____ St. _____

CERTIFICATE OF BIRTH

202170

S

(If born in hospital or institution
give name.)

Registration District No. 108 State File No. _____
Prim. Registration District No. 2186 Local Registrar's No. 234

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>May 6</u> 19 <u>32</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1st (a) Born alive and now living

Born alive but now dead _____ (Stillborn)

FATHER FULL NAME <u>David Jesse Bickel</u>	MOTHER FULL MAIDEN NAME <u>Edna Bonita Baker</u>
---	---

Residence (Usual place of abode) East Fork

If non-resident, give place and State _____

Color or race White Age at last Birthday 39 (Years)

Birthplace Arco Idaho (City and State or County)

Occupation Farmer

Color or race White Age at last Birthday 27 (Years)

Birthplace Washington State (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at _____ M.
on the date above stated.

(Signature) C. S. Kirby MD

(Physician or midwife)

Address Challis Idaho

Filed May 31, 1932 Edna M. Kuey Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IOWA
 DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

NAME OF CHILD
 (1) Name in hospital or institution
 (2) Name

Registration District No. _____
 Local Institution No. _____

DATE OF BIRTH _____
 TIME OF BIRTH _____
 PLACE OF BIRTH _____
 SEX _____
 COLOR _____
 (If known, give weight and length of child in pounds and ounces)

Has prophylaxis been used to prevent diphtheria, tetanus, and pertussis? _____

Number of child in this household including present birth _____

NAME OF FATHER _____
 NAME OF MOTHER _____

DATE OF MARRIAGE _____
 PLACE OF MARRIAGE _____

RESIDENCE (City and State or County) _____
 OCCUPATION _____

NAME OF ATTENDING PHYSICIAN OR MIDWIFE _____

SIGNATURE OF FATHER _____
 SIGNATURE OF MOTHER _____

ADDRESS _____
 CITY _____

If there were no attending physician or midwife, then the father, mother, or other person should make this return. A signature of one that neither parent nor other person is present at the time of birth is not valid.

REMARKS
 A child born at a hospital or institution should be made sure that the mother is given the necessary prophylaxis to prevent diphtheria, tetanus, and pertussis.

RECEIVED JUN 6 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

79364

State File No.

PLACE OF DEATH

County of Custer
City of East Fork
Idaho

CERTIFICATE OF DEATH

Registration District No. 108Primary Registration District No. 2186Local Registrar's No. 140

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

James Donald Bricker (Stillborn)

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. da.

How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 6, 19327. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

David Jesse Bricker

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Arco
Idaho

12. MAIDEN NAME OF MOTHER

Edna Bonita Baker

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Washington

14.

Informant (Address)

Mary Gavin
East Fork, Clayton, Ida.

15.

Filed May 31, 1932Edna B. Kenney
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 6, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 4, 1932, to May 6, 1932
that I last saw him born dead 1932and that death occurred, on the date stated above, at 11 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Contracted pelvis in mother. Killed in delivery

(duration) yrs. mos. da.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. B. Dwyer, M. D.573, 1932 (Address) Challis, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Ranch Home at ClaytonMay 6, 1932

20. Undertaker

Address

Friends & RelativesMARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) SALEMAN, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth-stated

PLACE OF BIRTH

RECEIVED JUN 10 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

202249

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. Gooding Co. Reg. St.

Registration District No. 24

State File No.

(If born in hospital or institution, give name.)

Prim. Registration District No.

Local Registrar's No. 28

FULL NAME OF CHILD

Graciela Evans (Stillborn)
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child

Female

Twin
Triplet
or other?

{ and {
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of
birth

May 12

1932

(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth

(a) Born alive and now living none

Born alive but now dead none

Stillborn 1

FULL
NAME

FATHER

Archibald G. Evans

FULL
MAIDEN
NAME

MOTHER

Graciela Maria Romero

Residence (Usual place of abode)

Gooding, Ida.

Residence (Usual place of abode)

Gooding, Ida.

If non-resident, give place and State

If non-resident, give place and State

Color or race

White

Age at last Birthday 43

(Years)

Color or race White

Age at last Birthday 25

(Years)

Birthplace

Omaha, Neb.
(City and State or County)

Birthplace

Peru
(City and State or County)

Occupation

Contractor

Occupation

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive

Stillborn

at

6:10 P. M.

on the date above stated.

(Signature)

J. H. Cromwell M.D.

(Physician or midwife)

Address

Gooding, Ida.

Filed

6/21

1932

J. H. Cromwell

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF NEW YORK
IN SENATE
JANUARY 11, 1911.
REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
MAY 1, 1909.

Registration District No. 1, 2nd Precinct No. 10
Registration District No. 1, 2nd Precinct No. 10

CLARK, JOSEPH L.

[illegible]

What is the purpose of the study?

(c) Born 1915 and now living in the United States.

SECRET

SECRET

2000 to 2001 (100%)

11-10-68

VSPH/DCI 100-1064-2000 3047 10-1980

(continued)

10-10-68 10-10-68

10-10-60

SECRET

...the fact that I observed the plane of this object was ...

10-10-68

(1510100312)

1. If there was no attending physician

... ..

764 2011000 1901000 1901000 1901000

UNITED STATES DEPARTMENT OF JUSTICE

10-10-68

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Grading</u>		CERTIFICATE OF DEATH		79384	
City of <u>Grading</u>		Registration District No.		State File No.	
		Primary Registration District No.		Local Registrar's No. <u>187</u>	
(No.)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Graciela Evans</u>		<u>Grading Hospital</u>			
(a) Residence. No. <u>Grading Idaho</u> St.		206			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>					
6. DATE OF BIRTH (month, day, and year) <u>5-12-32</u>					
7. AGE <u>Stillborn</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Grading Idaho</u>					
13. NAME <u>Archie G. Evans</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Graciela M. Romeo</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Puerto Rico</u>					
17. INFORMANT (Address) <u>Archie G. Evans Grading Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Grading Idaho</u> Date <u>5-14</u> , 193 <u>2</u>					
19. UNDERTAKER (Address) <u>W. H. Thompson Grading Idaho</u>					
20. FILED <u>5/31</u> , 193 <u>2</u> <u>J. H. Crummett</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>5-12</u> , 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>5-12</u> , 193 <u>2</u> , to <u>5-12</u> , 193 <u>2</u>					
I last saw he alive on <u>5-12</u> , 193 <u>2</u> ; death is said to have occurred on the date stated above, at <u>Grading Idaho</u> .					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					
<u>Isolation still</u>					
<u>Cause - Infection</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>5-12</u> , 193 <u>2</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>None</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>None</u> Date of injury <u>5-12</u> , 193 <u>2</u>					
Where did injury occur? (Specify city or town, county, and State) <u>Grading Idaho</u>					
Specify whether injury occurred in industry, in home, or in public place. <u>None</u>					
Manner of injury <u>None</u>					
Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>None</u>					
If so, specify (Signed) <u>J. H. Crummett</u> , M. D.					
(Address) <u>Grading Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

295109 027955

1. PLACE OF BIRTH

County of Jerome RECEIVED JUN 13 1932
City of Jerome
No. Farm St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 202317

Registration District No. 37 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2023 Local Registrar's No. 181

2. FULL NAME OF CHILD

Ralph Brenner

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 5-9, 1932
5. Number, in order of birth _____ Full term ☒ (MONTH, DAY, YEAR)

9. Full name FATHER Charles Brenner

18. Full name MOTHER Estella Beatrice Reeder

10. Residence (usual place of abode) Jerome
(If non-resident, give place and State)

19. Residence (usual place of abode) Jerome
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 46 (years)

20. Color or race W 21. Age at last birthday 38 (years)

13. Birthplace (city or place) Johnson Co., Neb.
(State or country)

22. Birthplace (city or place) Red Willow Co. Neb.
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 5 (c) Stillborn 1

28. If stillborn, full term { months or weeks } 29. Cause of stillbirth: severe labor Before labor _____ During labor ☒

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 a. m. on the date above stated.
(Born ALIVE or STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. E. Langerwatter, M. D.

or _____, Midwife

Give name added from a supplemental report _____

Address Twin Falls, Ida.

Filed 5/27, 1932 Elizabeth J. Smith

(DATE OF)

Registrar.

Registrar.

I hereby certify that I attended the birth of this child who was _____
 (BORN ALIVE OR STILLBORN)
 M. D. _____
 on the date above stated.

Give name added from
 supplemental report _____
 (DATE OF) _____

When there was no attending physician
 or midwife then the father, householder,
 etc., should make this return.

(Signed) _____
 or _____
 Midwife _____

Filed _____ 1937 _____
 Registrar _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 22 1932

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO -
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 80406

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Brenner

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced. (write the word) 0

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of 0

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, 0 hrs. or min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Jerome Ida
(State or country)

13. NAME Charles Brenner

14. BIRTHPLACE (city or town) Johnson Co. Neb.
(State or country)

15. MAIDEN NAME Esther Reeder

16. BIRTHPLACE (city or town) Red Willow Co. Neb.
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Date May 10, 1932

19. UNDERSTAND Charles Brenner
(Address)

20. FILED 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to May 9, 1932

I last saw deceased on May 9, 1932; death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

Still born.
Asphyxiated.

Other contributory causes of importance:

Date of onset

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1932

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

0 If so, specify Long master, M. D.
(Signed) E. Lang master
(Address) Twin Falls, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

497 102 029 863

1. PLACE OF BIRTH

County of Idaho
City of Moscow
No. north 7 city St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

202358

CERTIFICATE OF BIRTH

S

Registration District No. 61 State File No. 51

Prim. Registration District No. 1011 Local Registrar's No. 51

2. FULL NAME OF CHILD

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>5-2-</u> 1932 (MONTH, DAY, YEAR)
9. Full name <u>John Carson Mix</u>	FATHER			18. Full maiden name <u>Jean Mary Holden</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Brian Idaho</u>				19. Residence (usual place of abode) (If non-resident, give place and state) <u>Brian Idaho</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>27</u> (years)		20. Color or race <u>White</u>		21. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) (State or country) <u>Idaho</u>				22. Birthplace (city or place) (State or country) <u>Nebraska</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerical</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Telephone Co</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
	16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work	
			17. Total time (years) spent in this work <u>3 1/2</u>	26. Total time (years) spent in this work		

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 5 months or weeks
29. Cause of stillbirth Unknown
Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 9:30 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report

(DATE OF)

(Signed) O. H. Armstrong M. D.

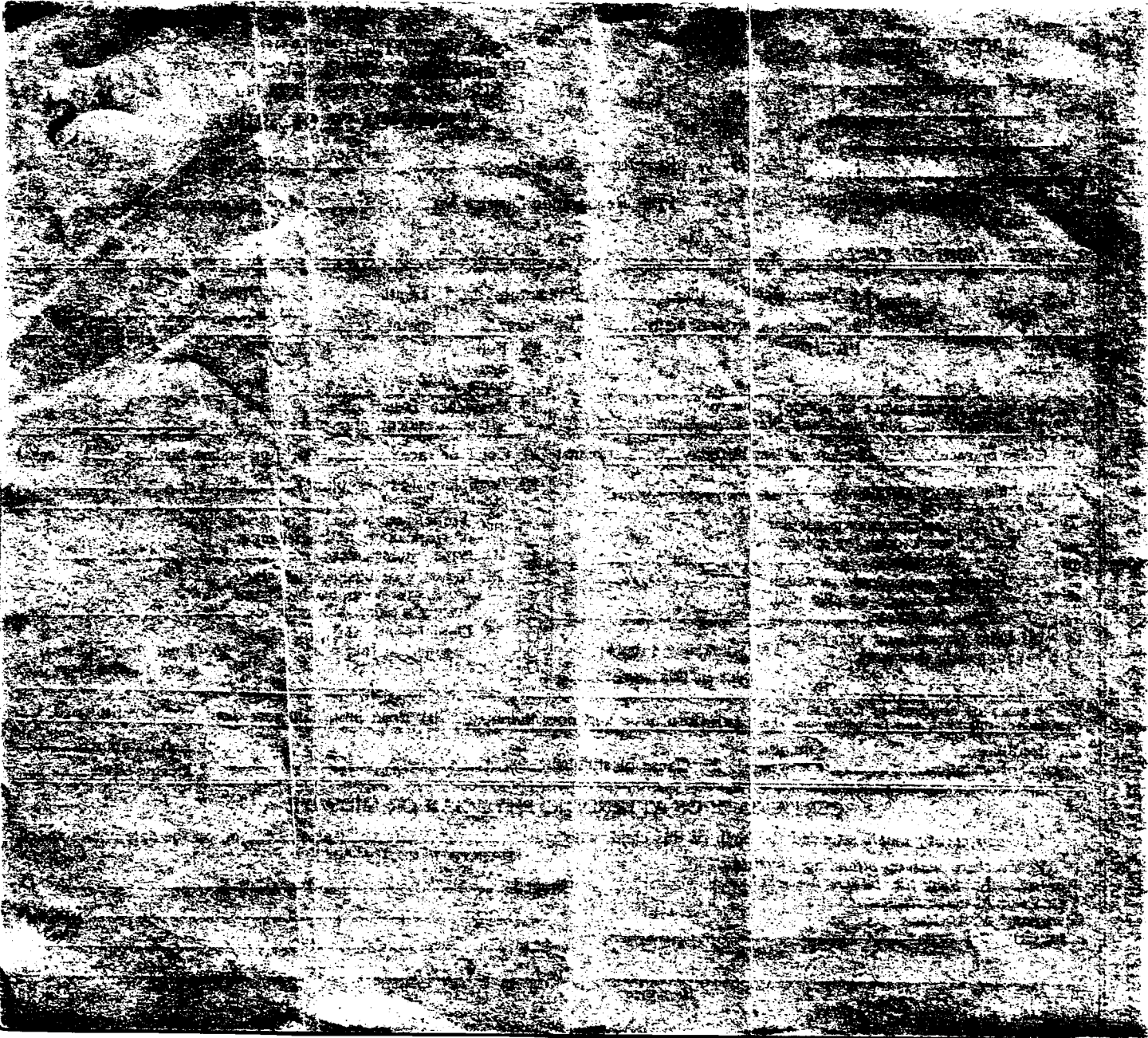
or _____ Midwife

Address Moscow Idaho

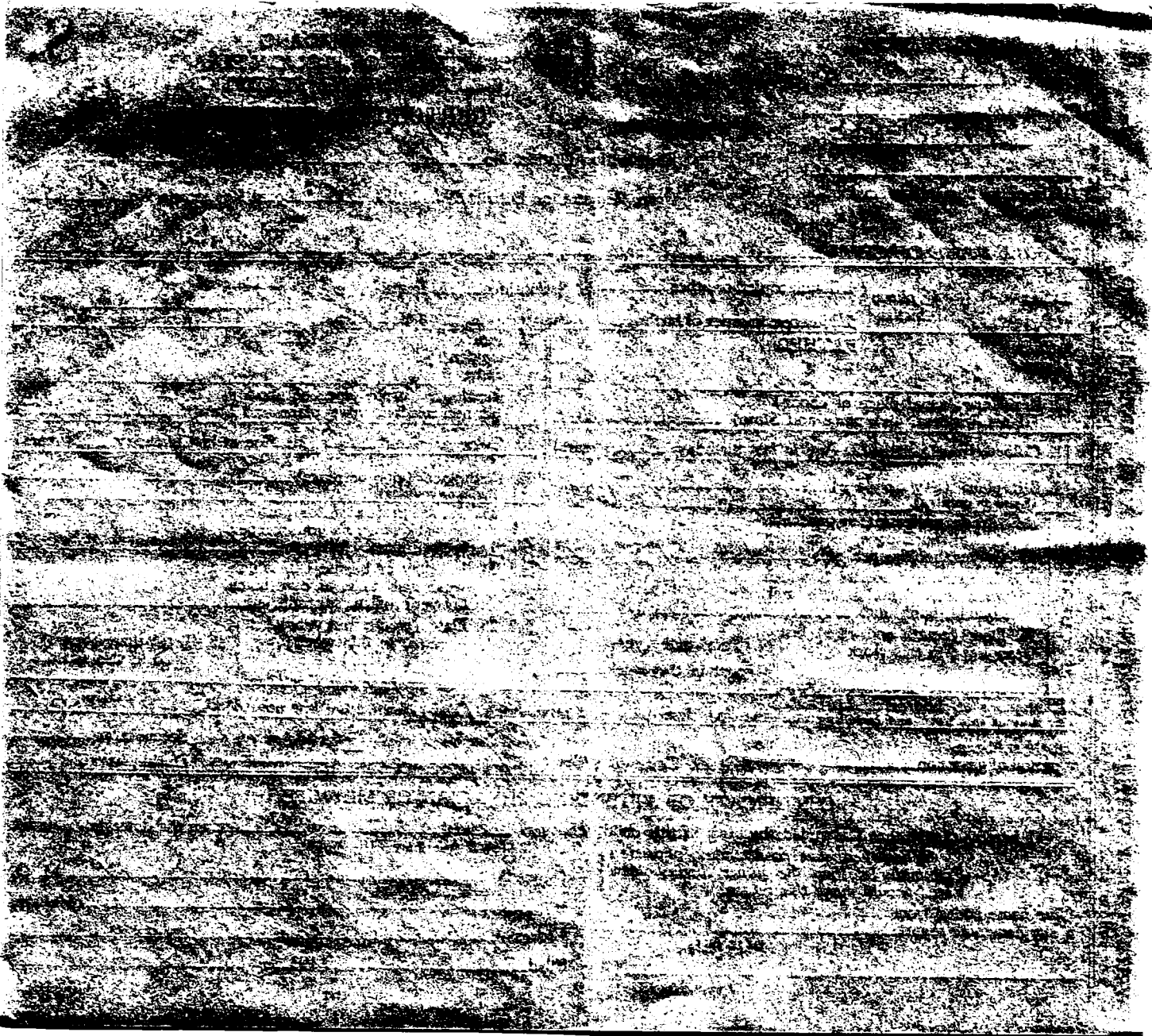
Filed 5/14 1932 J. H. Johnson

Registrar.

Registrar.



Register



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUN 10 1932
BUREAU OF VITAL STATISTICS
PLACE OF DEATH

DO NOT WRITE IN THIS SPACE

79456

State File No.

CERTIFICATE OF DEATH
County of Madison Registration District No. 100
City of Lynn, Ida. Primary Registration District No. 2178 Local Registrar's No. 20
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Jensen
(a) Residence. No. Lynn, Ida. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 17th 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lynn, Ida.
(State or country) Madison

10. NAME OF FATHER John E. Jensen

11. BIRTHPLACE OF FATHER (city or town) Union, Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Joe Evelyn Darling

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country) Carbo

14. Informant (Address) John E. Jensen
Thompson, Ida.

15. Filed 719, 1932 Weyoming Registrar.

< MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 17, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to May 17, 1932
that I last saw Stillborn alive on May 17, 1932
and that death occurred, on the date stated above, at 7 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn
Premature separation of
placenta

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Hurland, M. D.
5-18, 1932 (Address) Idaho

19. Place of Burial, Cremation, or Removal Sugar City, Ida. Date of Burial May 18, 1932

20. Undertaker Wern J. Kelle Address Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

689-115 035-756

1. PLACE OF BIRTH

County of Myer
City of Lewiston
No. 15th Main St.
White

(If born in hospital or institution give name.)

Registration District No. 96 State File No. _____

Prim. Registration District No. 1009 Local Registrar's No. _____

2. FULL NAME OF CHILD Still Born

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth 5/15/32, 193____ (MONTH, DAY, YEAR)

9. Full name FATHER Joseph White 18. Full maiden name MOTHER Isabelle George

10. Residence (usual place of abode) (If non-resident, give place and State) Lapwai Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai Ida

11. Color or race Red 12. Age at last birthday 32 (years) 20. Color or race Red 21. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or country) Lapwai Ida 22. Birthplace (city or place) (State or country) Mooskia Ida

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 2 (c) Stillborn 5

28. If stillborn, period of gestation 7 Mo. months or weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5⁰⁰ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Hance, M. D.

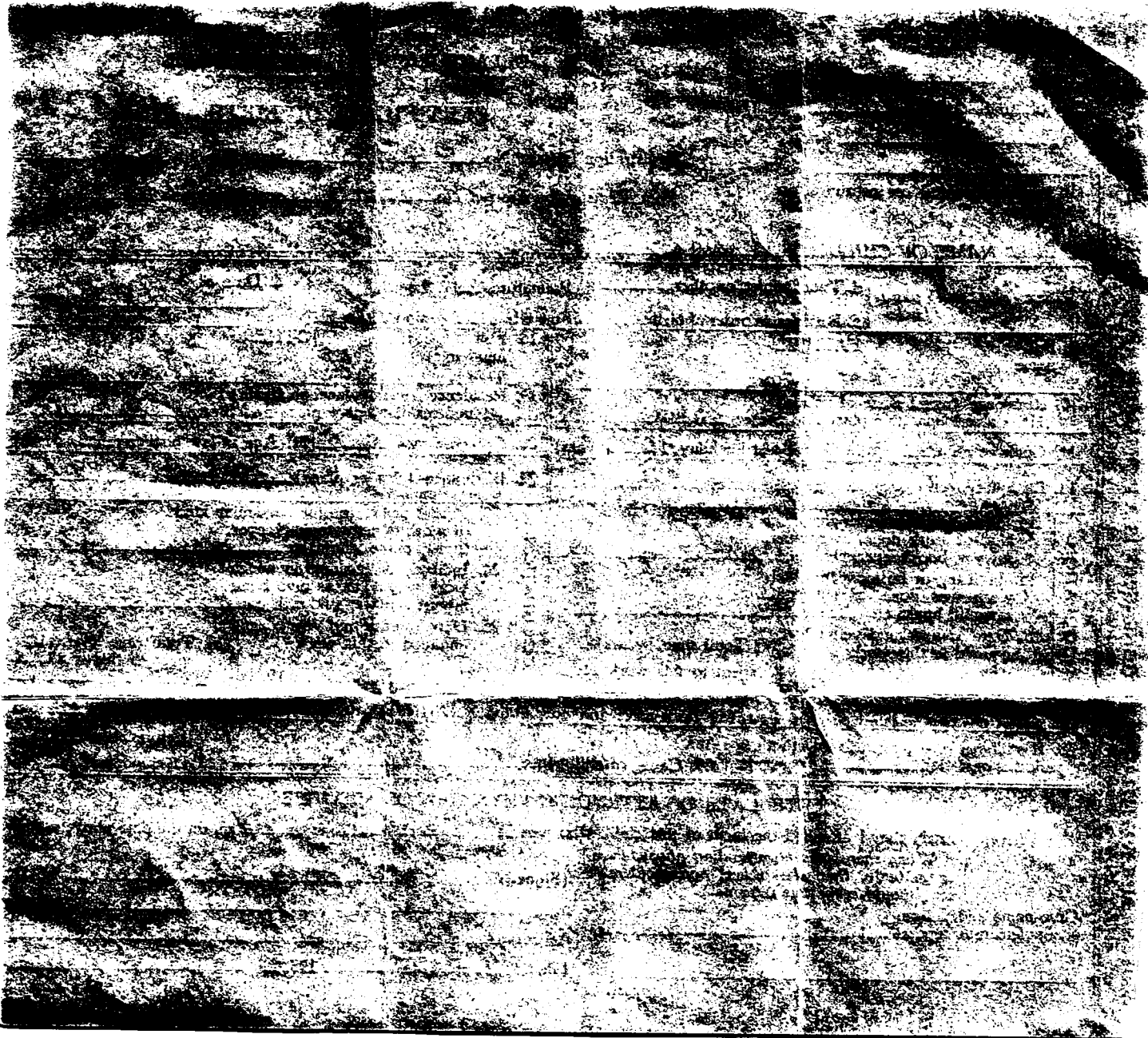
or _____, Midwife

Give name added from a supplemental report _____

(DATE OF)

Address Lew-Ida

Filed 3-2, 1932 By J. M. Lyle Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				202437	
County of <u>Myer</u>			Registration District No. <u>96</u>				State File No. _____	
City of _____			Prim. Registration District No. <u>1009</u>				Local Registrar's No. _____	
No. <u>St. Joseph St. Hospital</u>								
(If born in hospital or institution give name.)								
2. FULL NAME OF CHILD <u>Baby Girl Enos Stillborn</u>								
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>May 5</u> , 193 <u>2</u> (MONTH, DAY, YEAR)			
5. Number, in order of birth _____		Full term _____						
9. Full name FATHER <u>Daniel Enos</u>			18. Full maiden name MOTHER <u>Rebecca Morris</u>					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kamiah</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kamiah</u>					
11. Color or race <u>Indian</u>			12. Age at last birthday <u>25</u> (years)		20. Color or race <u>Indian</u>			
13. Birthplace (city or place) (State or country) <u>Idaho</u>			22. Birthplace (city or place) (State or country) <u>Idaho</u>					
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____				
	16. Date (month and year) last engaged in this work _____			17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____		
19. _____			19. _____					
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____			(b) Born alive but now dead _____			(c) Stillborn <u>2</u>		
28. If stillborn, period of gestation <u>about 6</u> months or weeks			29. Cause of stillbirth <u>Don't know</u>			Before labor <u>Yes</u> During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:00 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Carson, M. D.

or _____, Midwife

Address Leiviston, Idaho

Filed 6-6, 1932

Registrar. Ed. D. Lyle

Give name added from a supplemental report _____

(DATE OF)

Registrar.

STATE OF NEW YORK
IN SENATE
January 1, 1901.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
MAY 1, 1899.

ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS.
1901.

THE COMMISSIONER OF THE LAND OFFICE,
ALBANY, N. Y.

REPORT OF THE
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J. B. LIPPINCOTT & CO. PRINTERS.
1901.

THE COMMISSIONER OF THE LAND OFFICE,
ALBANY, N. Y.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

79468

State File No.

County of NezPerceCity of LewistonRegistration District No. 96Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Mr & Mrs Daniel Eneas(a) Residence. No. Kamiah Idaho

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Red

5. Single, Married, Widowed,

or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

000

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Lewiston Idaho

MOTHER FATHER

13. NAME

Daniel Eneas

14. BIRTHPLACE (city or town) (State or country)

Genesee Idaho

15. MAIDEN NAME

Rebecca Morris

16. BIRTHPLACE (city or town) (State or country)

Kamiah Ida

17. INFORMANT (Address)

Daniel Eneas Kamiah Idaho

18. BURIAL, CREMATION, OR REMOVAL Place

Lapwai Ida.Date 5/3/32, 193

19. UNDERTAKER (Address)

Vassar Mortuary Inc Lewiston Idaho20. FILED 5-6, 1933222

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/3/32, 193

22. I HEREBY CERTIFY, That I attended deceased from

5/3, 193to 5/8, 193

I last saw him alive on _____, 193: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

still born

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

M. D.

(Address) Lewiston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ALL INFORMATION PLAINED WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

445 125 040 275

1. PLACE OF BIRTH
County of Shoshone City of Kellogg
No. _____ St. Wardner Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
202480
S

Registration District No. 123 State File No. _____
Prim. Registration District No. 2201 Local Registrar's No. 66

2. FULL NAME OF CHILD William Eugene Dunkle

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature Full term <input checked="" type="checkbox"/>	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 25</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>Percy Dunkle</u>		FATHER		18. Full maiden name <u>Bulah Maxine Speaks</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Jessville Calif.</u>		11. Color or race <u>W</u>		12. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) (State or country) <u>Kellogg, Idaho</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>musician</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		18. Full maiden name <u>Bulah Maxine Speaks</u>	
19. _____		20. Color or race <u>W</u>		21. Age at last birthday <u>18</u> (years)	
22. Birthplace (city or place) (State or country) <u>Thompson Falls, Mont.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>LW.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>	
28. If stillborn, period of gestation <u>9</u> months or weeks		29. Cause of stillbirth <u>Eclampsia</u>		Before labor _____ During labor <input checked="" type="checkbox"/>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 7:00 p.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }
Give name added from _____
a supplemental report _____
(DATE OF) _____
Registrar. _____

(Signed) Harold Anderson M. D.
or _____ Midwife
Address _____
Filed June 1, 1932 Mrs. Helen M. Brade
Registrar.

1. **GENERAL INFORMATION**
 2. **PERSONAL DATA**
 3. **EDUCATION**
 4. **OCCUPATION**
 5. **RELIGION**
 6. **POLITICAL AFFILIATION**
 7. **CRIMINAL RECORD**
 8. **PSYCHOLOGICAL EVALUATION**
 9. **PHYSICAL EXAMINATION**
 10. **INTERVIEW**
 11. **CONCLUSION**
 12. **REMARKS**
 13. **SIGNATURE**
 14. **DATE**
 15. **INITIALS**
 16. **STAMP**
 17. **REMARKS**
 18. **SIGNATURE**
 19. **DATE**
 20. **INITIALS**
 21. **STAMP**
 22. **REMARKS**
 23. **SIGNATURE**
 24. **DATE**
 25. **INITIALS**
 26. **STAMP**
 27. **REMARKS**
 28. **SIGNATURE**
 29. **DATE**
 30. **INITIALS**
 31. **STAMP**
 32. **REMARKS**
 33. **SIGNATURE**
 34. **DATE**
 35. **INITIALS**
 36. **STAMP**
 37. **REMARKS**
 38. **SIGNATURE**
 39. **DATE**
 40. **INITIALS**
 41. **STAMP**
 42. **REMARKS**
 43. **SIGNATURE**
 44. **DATE**
 45. **INITIALS**
 46. **STAMP**
 47. **REMARKS**
 48. **SIGNATURE**
 49. **DATE**
 50. **INITIALS**
 51. **STAMP**
 52. **REMARKS**
 53. **SIGNATURE**
 54. **DATE**
 55. **INITIALS**
 56. **STAMP**
 57. **REMARKS**
 58. **SIGNATURE**
 59. **DATE**
 60. **INITIALS**
 61. **STAMP**
 62. **REMARKS**
 63. **SIGNATURE**
 64. **DATE**
 65. **INITIALS**
 66. **STAMP**
 67. **REMARKS**
 68. **SIGNATURE**
 69. **DATE**
 70. **INITIALS**
 71. **STAMP**
 72. **REMARKS**
 73. **SIGNATURE**
 74. **DATE**
 75. **INITIALS**
 76. **STAMP**
 77. **REMARKS**
 78. **SIGNATURE**
 79. **DATE**
 80. **INITIALS**
 81. **STAMP**
 82. **REMARKS**
 83. **SIGNATURE**
 84. **DATE**
 85. **INITIALS**
 86. **STAMP**
 87. **REMARKS**
 88. **SIGNATURE**
 89. **DATE**
 90. **INITIALS**
 91. **STAMP**
 92. **REMARKS**
 93. **SIGNATURE**
 94. **DATE**
 95. **INITIALS**
 96. **STAMP**
 97. **REMARKS**
 98. **SIGNATURE**
 99. **DATE**
 100. **INITIALS**
 101. **STAMP**
 102. **REMARKS**
 103. **SIGNATURE**
 104. **DATE**
 105. **INITIALS**
 106. **STAMP**
 107. **REMARKS**
 108. **SIGNATURE**
 109. **DATE**
 110. **INITIALS**
 111. **STAMP**
 112. **REMARKS**
 113. **SIGNATURE**
 114. **DATE**
 115. **INITIALS**
 116. **STAMP**
 117. **REMARKS**
 118. **SIGNATURE**
 119. **DATE**
 120. **INITIALS**
 121. **STAMP**
 122. **REMARKS**
 123. **SIGNATURE**
 124. **DATE**
 125. **INITIALS**
 126. **STAMP**
 127. **REMARKS**
 128. **SIGNATURE**
 129. **DATE**
 130. **INITIALS**
 131. **STAMP**
 132. **REMARKS**
 133. **SIGNATURE**
 134. **DATE**
 135. **INITIALS**
 136. **STAMP**
 137. **REMARKS**
 138. **SIGNATURE**
 139. **DATE**
 140. **INITIALS**
 141. **STAMP**
 142. **REMARKS**
 143. **SIGNATURE**
 144. **DATE**
 145. **INITIALS**
 146. **STAMP**
 147. **REMARKS**
 148. **SIGNATURE**
 149. **DATE**
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 158. **SIGNATURE**
 159. **DATE**
 160. **INITIALS**
 161. **STAMP**
 162. **REMARKS**
 163. **SIGNATURE**
 164. **DATE**
 165. **INITIALS**
 166. **STAMP**
 167. **REMARKS**
 168. **SIGNATURE**
 169. **DATE**
 170. **INITIALS**
 171. **STAMP**
 172. **REMARKS**
 173. **SIGNATURE**
 174. **DATE**
 175. **INITIALS**
 176. **STAMP**
 177. **REMARKS**
 178. **SIGNATURE**
 179. **DATE**
 180. **INITIALS**
 181. **STAMP**
 182. **REMARKS**
 183. **SIGNATURE**
 184. **DATE**
 185. **INITIALS**
 186. **STAMP**
 187. **REMARKS**
 188. **SIGNATURE**
 189. **DATE**
 190. **INITIALS**
 191. **STAMP**
 192. **REMARKS**
 193. **SIGNATURE**
 194. **DATE**
 195. **INITIALS**
 196. **STAMP**
 197. **REMARKS**
 198. **SIGNATURE**
 199. **DATE**
 200. **INITIALS**
 201. **STAMP**
 202. **REMARKS**
 203. **SIGNATURE**
 204. **DATE**
 205. **INITIALS**
 206. **STAMP**
 207. **REMARKS**
 208. **SIGNATURE**
 209. **DATE**
 210. **INITIALS**
 211. **STAMP**
 212. **REMARKS**
 213. **SIGNATURE**
 214. **DATE**
 215. **INITIALS**
 216. **STAMP**
 217. **REMARKS**
 218. **SIGNATURE**
 219. **DATE**
 220. **INITIALS**
 221. **STAMP**
 222. **REMARKS**
 223. **SIGNATURE**
 224. **DATE**
 225. **INITIALS**
 226. **STAMP**
 227. **REMARKS**
 228. **SIGNATURE**
 229. **DATE**
 230. **INITIALS**
 231. **STAMP**
 232. **REMARKS**
 233. **SIGNATURE**
 234. **DATE**
 235. **INITIALS**
 236. **STAMP**
 237. **REMARKS**
 238. **SIGNATURE**
 239. **DATE**
 240. **INITIALS**
 241. **STAMP**
 242. **REMARKS**
 243. **SIGNATURE**
 24

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 79487	
PLACE OF DEATH		County of <u>Shoshone</u>		State File No. _____	
City of <u>Kellogg</u>		Registration District No. <u>123</u>		Local Registrar's No. <u>33</u>	
Primary Registration District No. <u>2201</u>					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Eugene Duncker</u> 206					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 25-1932</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country)					
FATHER	13. NAME <u>Perry H. Duncker</u>				
	14. BIRTHPLACE (city or town) (State or country)				
	15. MAIDEN NAME <u>Maxine Duncker</u>				
	16. BIRTHPLACE (city or town) (State or country)				
MOTHER	17. INFORMANT <u>Mrs. Maxine Duncker</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Mary's</u> Date <u>May 30, 1932</u>				
	19. UNDERTAKER <u>R. L. Stout, Kellogg, Idaho</u>				
	20. FILE <u>June 1, 1932 Mrs. Helen M. Burke</u>				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 25, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to <u>May 25, 1932</u>					
I last saw him alive on _____, 1932; death is said to have occurred on the date stated above, at <u>7 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still born</u>					
<u>Mother had eclampsia</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1932.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Hazel T. Anderson</u> , M. D.					
(Address) <u>Kellogg, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls
City of Twin Falls
No. 17 St. 17

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 State File No. 202552
Prim. Registration District No. 2083 Local Registrar's No. 189

2. FULL NAME OF CHILD

3. Sex Female 4. Twin, triplet, or other Stillborn 5. Number, in order of birth 1
6. Premature No 7. Legitimate? Yes 8. Date of birth May 10, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Wilbur Edwin Jones

10. Residence (usual place of abode) Kimberly
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 21 (years)

13. Birthplace (city or place) Gilman, Neb.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 19
17. Total time (years) spent in this work 19

18. Full maiden name MOTHER Willie Beatrice Foster

19. Residence (usual place of abode) Kimberly
(If non-resident, give place and state)

20. Color or race W 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Kimberly, Mo.
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 19
26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9+ months or weeks 29. Cause of stillbirth premature
Before labor Yes
During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

(Signed) J. M. Davis, M. D.

or Kimberly Polak, Midwife

Address Kimberly, Idaho

Filed 5707, 1932 Elizabeth J. Smith

Registrar.

Registrar.

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.
Give name added from
a supplemental report (DATE OF)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		COUNTY		CITY		State File No.	
Idaho Falls		Idaho Falls		Idaho Falls		79507	
Registration District No.		37		Primary Registration District No.		2081	
Local Registrar's No.		95-				206	
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Margaret Lay Jones</u>							
(a) Residence. No. <u>Kimberly Ida</u> St.							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)					
<u>female</u>	<u>w.</u>	<u>S.</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>Stillborn</u>							
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.			
	<u>0</u>	<u>0</u>	<u>0</u>				
OCCUPATION							
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>							
MOTHER							
13. NAME <u>W. E. Jones</u>							
14. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>							
15. MAIDEN NAME <u>Millie Foster</u>							
16. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>							
17. INFORMANT <u>W. E. Jones</u> (Address) <u>Kimberly Ida</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>5-11</u> , 1932							
19. UNDERTAKER <u>White Mortuary Inc</u> (Address) <u>Idaho Falls</u>							
20. FILED <u>5/11</u> , 1932 <u>Elizabeth D. Smith</u> Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>5/10</u> , 1932							
22. I HEREBY CERTIFY, That I attended deceased from <u>May - 10</u> , 1932, to <u>May 10</u> , 1932							
I last saw him alive on <u>May 10</u> , 1932; death is said to have occurred on the date stated above, at <u>2</u> m.							
The principal cause of death and related causes of importance were as follows:							
<u>Stillborn</u>							
<u>Post mortem cause of death not determined</u>							
Other contributory causes of importance:							
Name of operation <u>0</u> Date of <u>0</u>							
What test confirmed diagnosis? <u>0</u> Was there an autopsy? <u>20</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? <u>0</u> Date of injury <u>0</u> , 1932.							
Where did injury occur? <u>0</u> (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. <u>0</u>							
Manner of injury <u>0</u>							
Nature of injury <u>0</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>0</u>							
If so, specify <u>0</u>							
(Signed) <u>J. D. Jones</u> , M. D.							
(Address) <u>Idaho Falls</u>							

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

294 210042 339
1. PLACE OF BIRTH
County of Lincoln
City of Lincoln
No. 12 St. 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

RECEIVED JUN 1 1932
CERTIFICATE OF BIRTH 202553

Registration District No. 37 State File No. 2085

(If born in hospital or institution give name.)

Prim. Registration District No. 2085 Local Registrar's No. 10

2. FULL NAME OF CHILD

Baby Kimball

3. Sex girl If plural births { 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature X 7. Legitimate? yes 8. Date of birth 5-10-1932 (MONTH, DAY, YEAR)

9. Full name Guy Malcolm Kimball
FATHER
10. Residence (usual place of abode) Lincoln
(If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 20 (years)
13. Birthplace (city or place) Bloomfield, Ind
(State or country)

18. Full maiden name Juanita Ray Clifton
MOTHER
19. Residence (usual place of abode) Lincoln
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Argenta, Ill
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 19
17. Total time (years) spent in this work 19

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 19
26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1
28. If stillborn, period of gestation 9 months or weeks { 29. Cause of stillbirth Accident post. presentation Before labor yes During labor yes

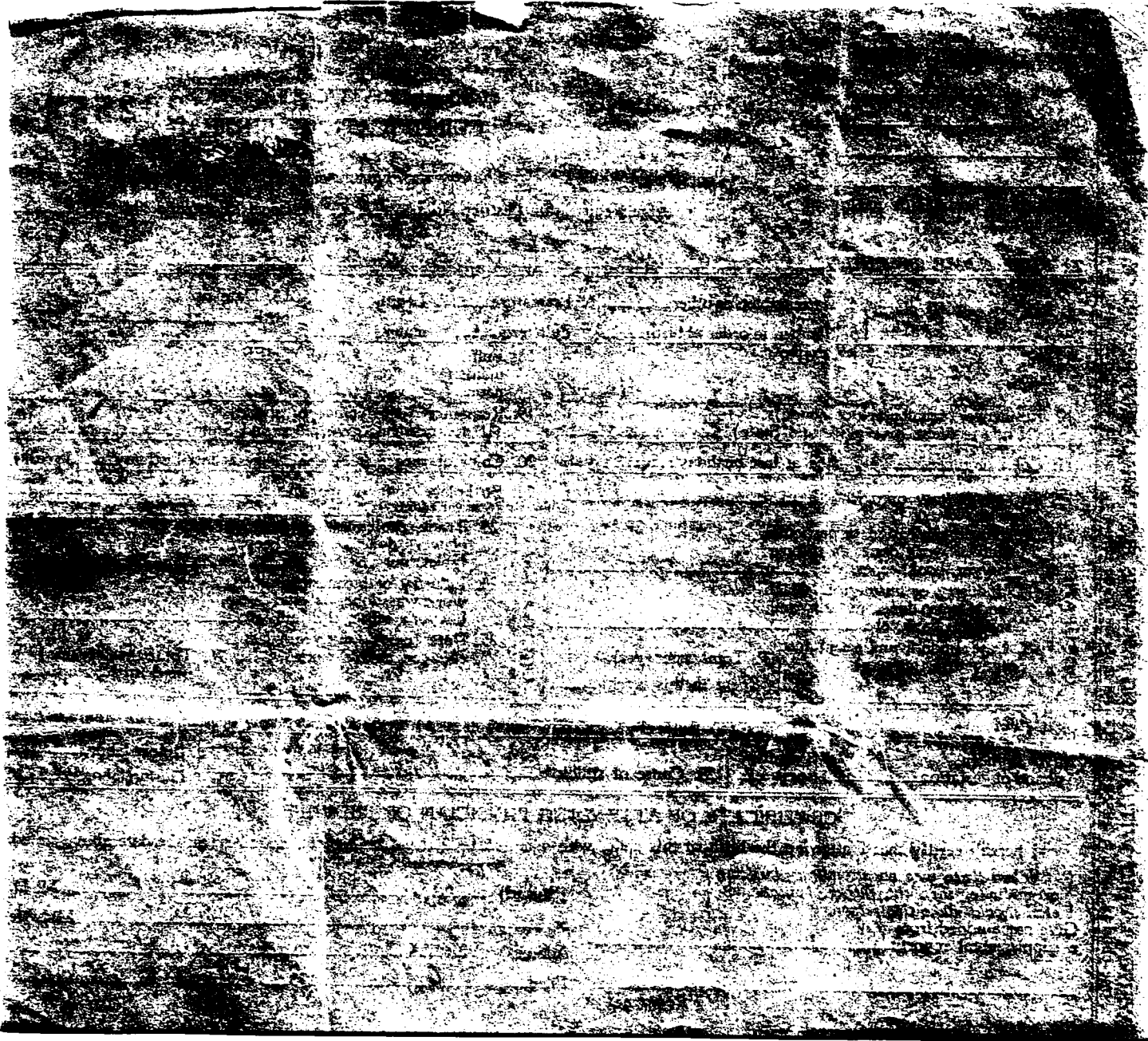
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4 A. M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF)

(Signed) B. D. Weaver, M. D.
or _____ Midwife
Address Lincoln, Ida
Filed 6/6 1932 Elizabeth J. Smith Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				DO NOT WRITE IN THIS SPACE 79509	
County of <u>Blaine</u>		City of <u>Idaho Falls</u>		Registration District No. <u>37</u>	
		Primary Registration District No. <u>1885</u>		Local Registrar's No. <u>93</u>	
(No. _____) If death occurred in a hospital or institution, give its name instead of street and number.					
2. FULL NAME <u>Baby Marshall</u>					
(a) Residence. No. <u>Idaho Falls</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>May 10/32</u>					
7. AGE Years _____		Months _____	Days _____	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year) _____			
		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) _____ (State or country) <u>Idaho</u>					
MOTHER FATHER		13. NAME <u>H. M. Rumball</u>			
		14. BIRTHPLACE (city or town) _____ (State or country) <u>Id.</u>			
		15. MAIDEN NAME <u>Faye Clifton</u>			
		16. BIRTHPLACE (city or town) _____ (State or country) <u>Id.</u>			
17. INFORMANT <u>H. M. Rumball</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>May 10 1932</u>					
19. UNDERTAKER <u>E. Drake</u> (Address) <u>Idaho Falls</u>					
20. FILED <u>5/11</u> , 193 <u>2</u> <u>Elizabeth J. Smith</u> (Address) <u>Idaho Falls</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>5/10</u> , 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased <u>from</u> on <u>5/10</u> , 193 <u>2</u> , to <u>5/10</u> , 193 <u>2</u> .					
I last saw her <u>when still born</u> , 193 <u>2</u> ; death is said to have occurred on the date stated above, at <u>4 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>total dystocia</u>					
Other contributory causes of importance: <u>Obstet. part. presentation</u>					
Name of operation <u>Version</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>E. D. Weaver</u> , M. D. (Address) <u>Idaho Falls</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

968 110 042 364

1. PLACE OF BIRTH
County of Quinn Falls
City of Quinn Falls
No. Q 3 # St. _____

RECEIVED JUN 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 202554

Registration District No. 37 State File No. _____

Prim. Registration District No. 2085 Local Registrar's No. 169

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Boy If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 5-10, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Adolph Roy
10. Residence (usual place of abode) (If non-resident, give place and State) Quinn Falls
11. Color or race white Age at last birthday 57 (years)
13. Birthplace (city or place) (State or country) Centerville, State of Ill.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hospital Orderly
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Mary Tompkins
19. Residence (usual place of abode) (If non-resident, give place and State) Quinn Falls
20. Color or race white 21. Age at last birthday 43 (years)
22. Birthplace (city or place) (State or country) Monticello, Minn.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead _____ (c) Stillborn 1
28. If stillborn, 9 months or weeks 29. Cause of stillbirth Undetermined Before labor before During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11: P m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
Give name added from a supplemental report _____ (DATE OF) _____

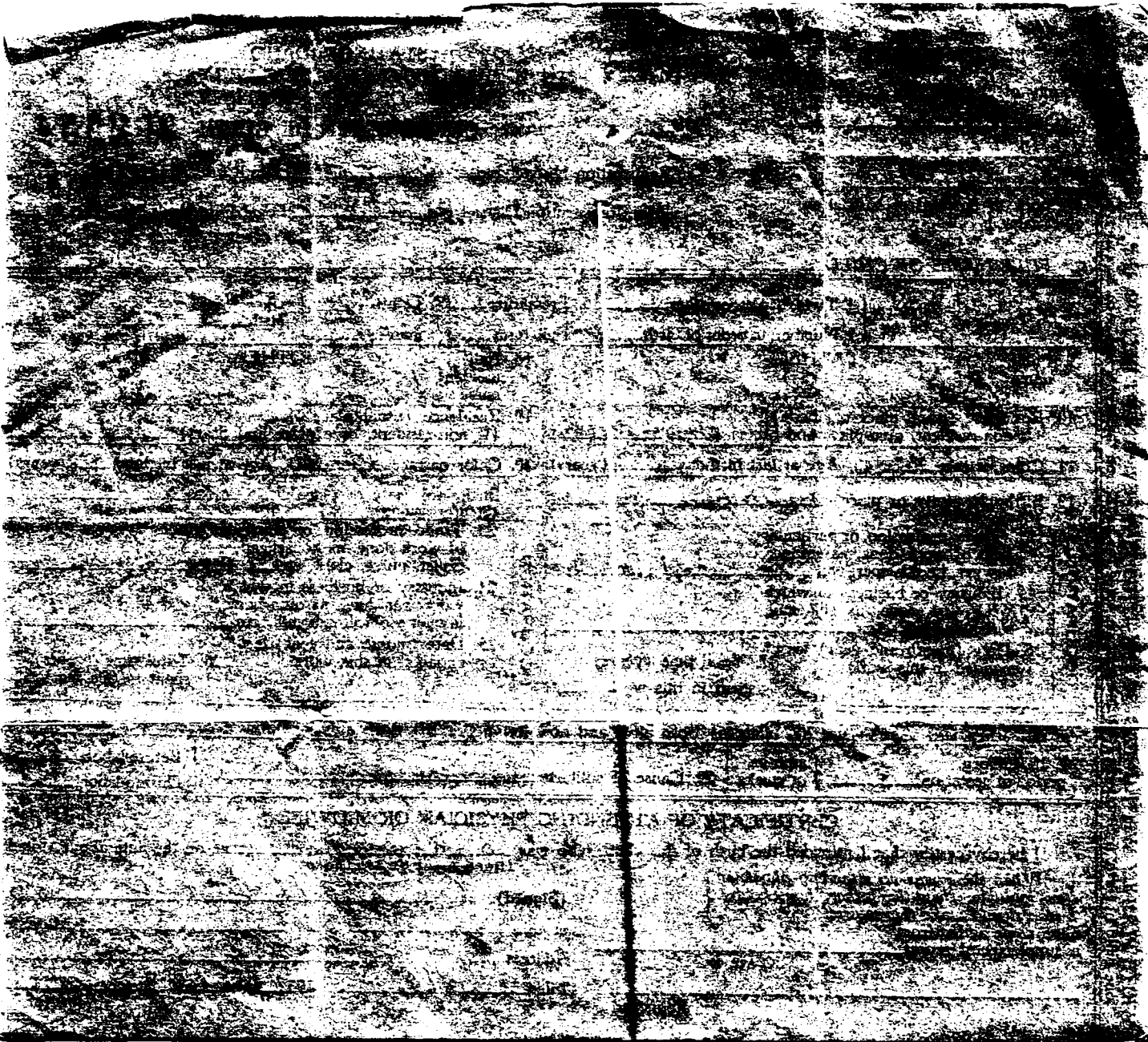
(Signed) E. O. Weaver, M. D.

or _____, Midwife

Address Quinn Falls, Ida.

Filed 6/6, 1932 Elizabeth J. Smith Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 1932		DO NOT WRITE IN THIS SPACE 79508 State File No.	
PLACE OF DEATH <i>Idaho</i>		Registration District No. <i>37</i>	
County of <i>San Juan</i>		Primary Registration District No. <i>1086</i>	
City of <i>San Juan</i>		Local Registrar's No. <i>94</i>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <i>Baby Ray</i>			
(a) Residence. No. <i>San Juan</i> St. <i>206</i>			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <i>May 10/32</i>			
7. AGE Years Months Days		If LESS than 1 day, hrs. or min.	
OCCUPATION		11. Total time (years) spent in this occupation	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>Still Born</i>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>			
MOTHER FATHER			
13. NAME <i>Adolph Ray</i>		Date of	
14. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>		What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME <i>Mary Laupras</i>		23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? Date of injury, 193	
16. BIRTHPLACE (city or town) (State or country) <i>Minn</i>		Where did injury occur? (Specify city or town, county, and State)	
17. INFORMANT <i>Adolph Ray</i>		Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place <i>San Juan</i> Date <i>May 11</i> , 1932		Manner of injury	
19. UNDERTAKER <i>J. E. Drake</i>		Nature of injury	
(Address) <i>San Juan</i>		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED <i>5/11</i> , 1932 <i>Elizabeth J. Smith</i>		If so, specify (Signed) <i>E. D. Weaver</i> M. D.	
		(Address) <i>Twinsdale, Idaho</i>	

1938
1553
78

98-6-21

3/75

- 1938
155
8

78-6-21 13 21

1938
155
8

78-6-21 13 21

1938
155
8

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other CONTRIBUTORY CAUSES of importance:		
Gastroenteritis		1 year

78-6-21 13 21

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 713 213
County of Idaho 001-713
City of Boise Idaho
No. 1617 no-24ch St.
Admission Army Women's Home Registration District No. 2
(If born in hospital or institution and Vaginal State File No. 292
give name.) Prim. Registration District No. 1004 Local Registrar's No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 202671

2. FULL NAME OF CHILD Baby Girl Patch

3. Sex F If plural { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
births } 6. Premature Yes 7. Legiti- mate? No 8. Date of birth 6-13 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Unknown 18. Full maiden name MOTHER Helen Patch

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and state) Ogden Utah

11. Color or race _____ 12. Age at last birthday _____ (years) 20. Color or race White 21. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or country) _____ 22. Birthplace (city or place) Melrose Montana (State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housework</u>
16. Date (month and year) last engaged in this work _____ 19____	25. Date (month and year) last engaged in this work _____ 19____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

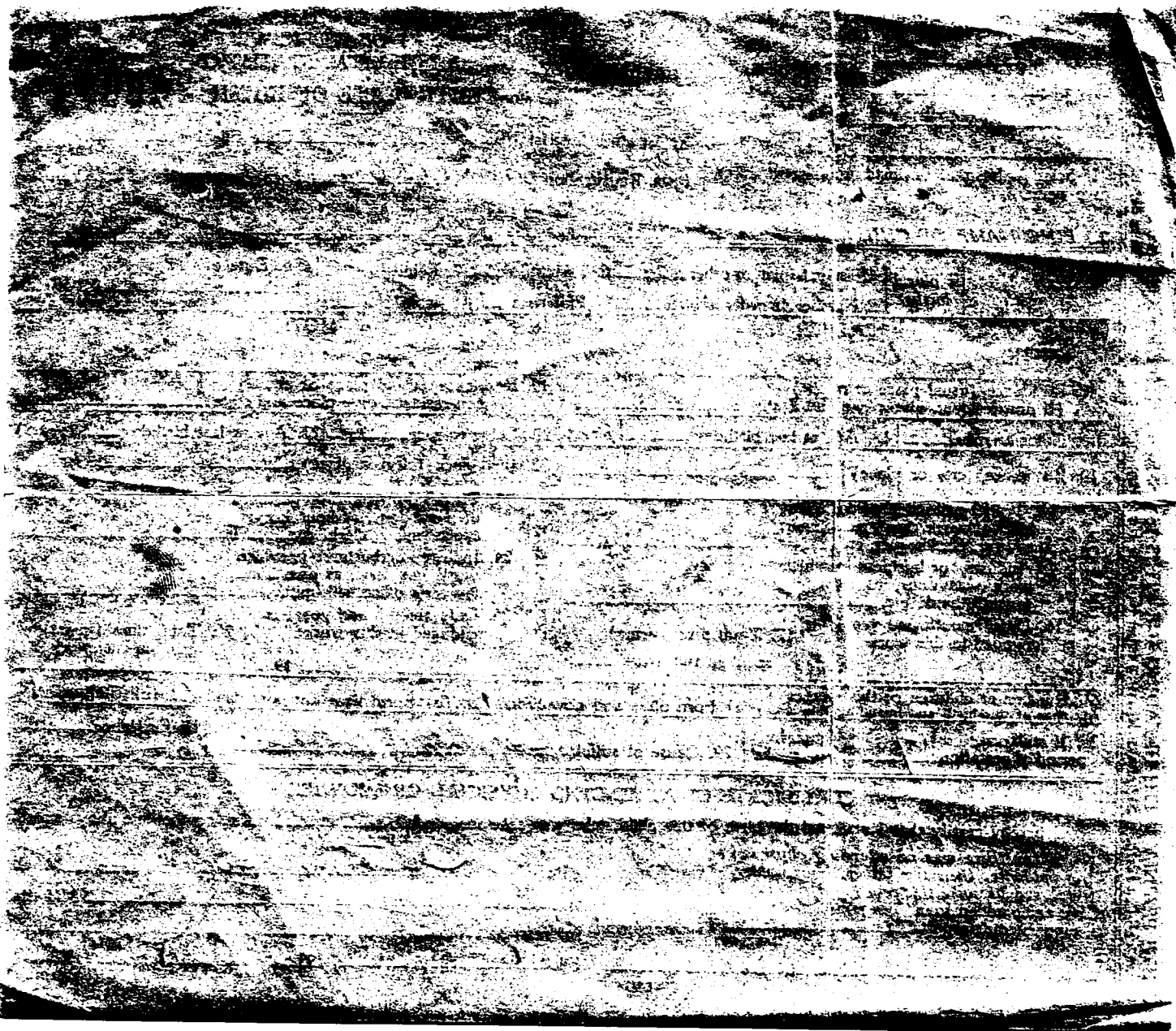
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 7 { months 0 weeks 0 } 29. Cause of stillbirth Diphtheria & scarlet fever { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:00 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (DATE OF) _____

Registrar.
(Signed) W. H. Rhodes M. D.
or _____ Midwife
Address _____
Filed 6-17 1932 W. H. Rhodes Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1932

PLACE OF DEATH

County of AdaCity of BoiseSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 175Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 175(No. Salvation Army Rescue Home.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Patch(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 13-19327. AGE Years Months Days If LESS than 1 day, hrs. min.
0 0 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)13. NAME Unknown.14. BIRTHPLACE (city or town) W
(State or country)15. MAIDEN NAME Helen Patch16. BIRTHPLACE (city or town) melrose, Mont.
(State or country)17. INFORMANT Pearl Allen.
(Address) Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place County Cemetery Date 6/14/3219. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.20. FILED 6-14, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/13/32 19322. 6-13 I HEREBY CERTIFY, That I attended deceased from 6-13, 1932, to 6-13, 1932.I last saw him alive on Not, 1932: death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Steele Born.

Other contributory causes of importance:

Maternal SyphilisName of operation Adelmay Date of 6/13What test confirmed diagnosis? Wass Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 1932Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Swiftness(Signed) Swiftness M. D.(Address) Boise, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

202710

1. PLACE OF BIRTH

County of Bannock
City of Pocatello
No. St. Anthony St.
Mercy Hospital
(If born in hospital or institution
give name.)

Registration District No. 28 State File No. S
Prim. Registration District No. 2161 Local Registrar's No. 853

2. FULL NAME OF CHILD Stillborn Jones

3. Sex Male	If plural births	4. Twin, triplet, or other	6. Premature	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>4/25/32</u> , 1932 (MONTH, DAY, YEAR)
5. Number, in order of birth		Full term			
9. Full name FATHER <u>Jacob W Jones</u>			18. Full maiden name MOTHER <u>Gladys Green</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>718 N. 7th</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>718 N. 7th</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>53</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>45</u> (years)	
13. Birthplace (city or place) <u>Charleston Virg.</u> (State or country)			22. Birthplace (city or place) <u>Menan, Idaho</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carman</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>O.S.L.</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>32</u>			25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>32</u>	
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>10</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>months</u> or weeks		29. Cause of stillbirth <u>Before labor</u> <u>During labor</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:55 A.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.
Give name added from
a supplemental report

(DATE OF)

(Signed) O.F. Teal, M. D.
or Midwife
Address Pocatello Idaho
Filed June 30, 1932
Ray Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

CHARTER OF THE
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Section 1. The Federal Bureau of Investigation (FBI) is established as a part of the United States Department of Justice, and shall be known as the Federal Bureau of Investigation.

Section 2. The Federal Bureau of Investigation shall be headed by a Director, who shall be appointed by the President, by and with the advice and consent of the Senate, for a term of not more than five years.

Section 3. The Federal Bureau of Investigation shall have such powers and duties as may be assigned to it by the Department of Justice, and shall be subject to the supervision and control of the Attorney General.

Section 4. The Federal Bureau of Investigation shall be organized into such divisions, branches, and offices as may be deemed necessary for the efficient conduct of its business.

Section 5. The Federal Bureau of Investigation shall be authorized to employ such personnel, and to expend such funds, as may be necessary for the efficient conduct of its business.

Section 6. The Federal Bureau of Investigation shall be authorized to receive such gifts, bequests, and donations as may be deemed appropriate for the efficient conduct of its business.

Section 7. The Federal Bureau of Investigation shall be authorized to enter into such contracts, leases, and agreements as may be deemed necessary for the efficient conduct of its business.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock
City of Pocatello
No. St. Anthony St.
Mercy Hospital

(If born in hospital or institution give name.)

RECEIVED JUL 8 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 202712
CERTIFICATE OF BIRTH

Registration District No. 28 State File No. S
Prim. Registration District No. 2161 Local Registrar's No. 874

2. FULL NAME OF CHILD Stillborn Gill

3. Sex Male	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legitimate? yes	8. Date of birth <u>6/3/32</u> , 193 (MONTH, DAY, YEAR)
9. Full name FATHER Hubert S Gill			18. Full maiden name MOTHER Myrtal Frances Olsen		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>III5 E Clark</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>III5 E Clark</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>31</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>London, England</u>		22. Birthplace (city or place) (State or country) <u>Etna, Alberta, Canada</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baggage Rm</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>O.S.L.</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u> </u>			25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u> </u>	
17. Total time (years) spent in this work <u>12</u>		26. Total time (years) spent in this work <u>4</u>			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>9 Mo.</u> { months or weeks		29. Cause of stillbirth <u>face presentation, version, cord pressure</u>		{ Before labor During labor <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

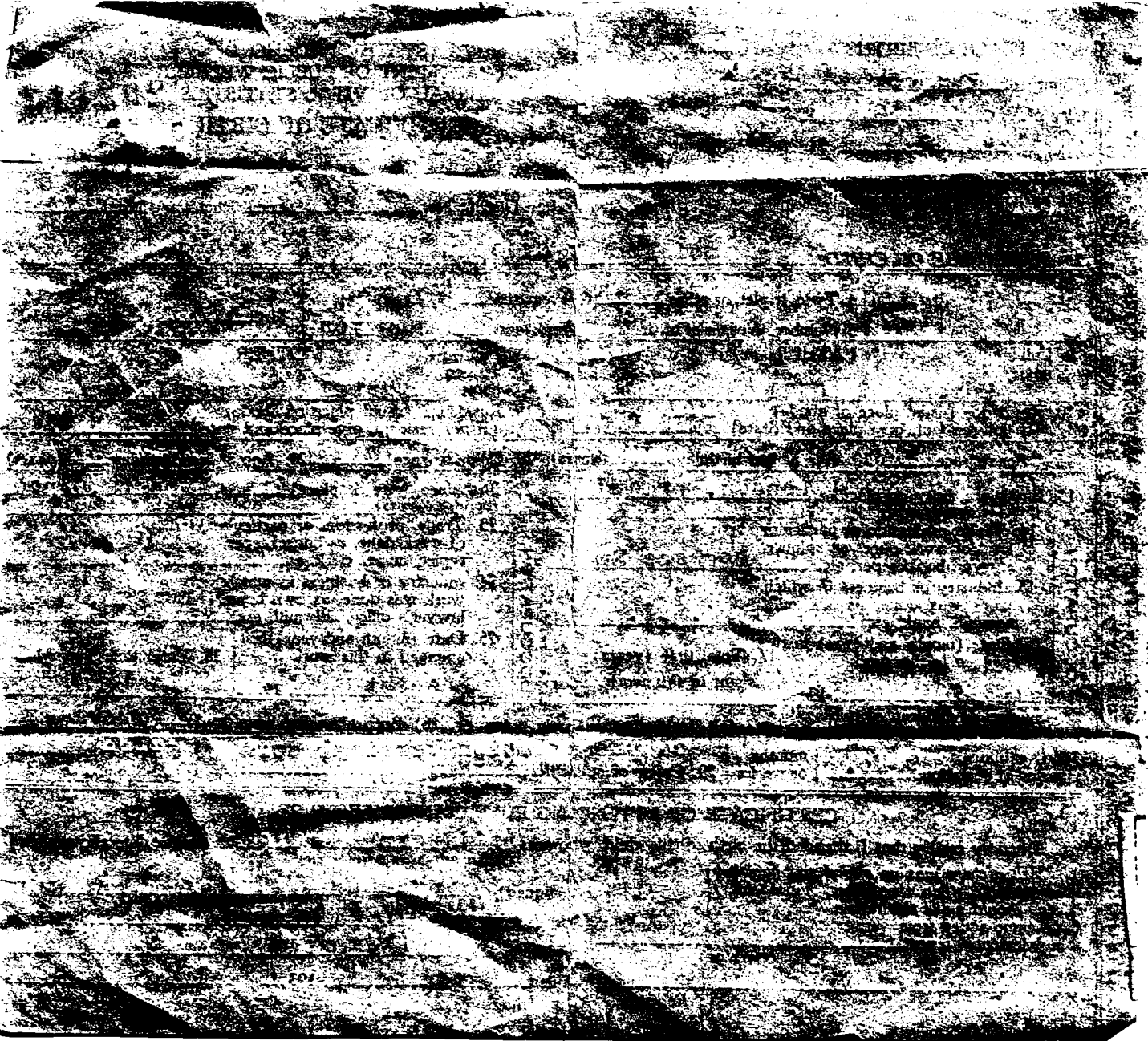
I hereby certify that I attended the birth of this child, who was Stillborn at 11:55 A.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

(Signed) William F. Howard M.D. M. D.
or Pocatello, Idaho Midwife
Address June 30, 193
Filed Ray Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report

(DATE OF)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>29796</u>	
City of <u>Pocatello</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>340</u>	
		Primary Registration District No. <u>2161</u>			
		(No. <u>St. Anthony, see Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Gill</u>					
(a) Residence. No. <u>1115 East Clark St.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 3, 1932.</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>0</u>	<u>0</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Pocatello,</u> (State or country) <u>Idaho.</u>					
FATHER					
13. NAME <u>Hubert Samuel Gill</u>					
14. BIRTHPLACE (city or town) <u>London,</u> (State or country) <u>England.</u>					
MOTHER					
15. MAIDEN NAME <u>Myrtle Frances Olson</u>					
16. BIRTHPLACE (city or town) <u>Alberta,</u> (State or country) <u>Canada.</u>					
17. INFORMANT <u>Hubert Samuel Gill</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>June 4, 1932</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>June 4, 1932.</u> <u>J. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 3, 1932.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 4, 1932,</u> to <u>June 4, 1932.</u>					
I last saw him/her on <u>June 4, 1932</u> ; death is said to have occurred on the date stated above, at <u>11:50 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u> <u>fault position</u> <u>periton</u> <u>cord pressure.</u>					
Other contributory causes of importance:					
Date of onset					
Name of operation _____ Date of _____					
What test confirmed diagnosis <u>Chinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1932.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>William F. Howard</u> , M.D.					
(Address) <u>Pocatello, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED JUL 8 1932

S

202713

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 349 W. Clark St.

Lynn Bros. Hospital

(If born in hospital or institution
give name.)

Registration District No. 28 State File No. 879

Prim. Registration District No. 2161 Local Registrar's No. 879

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>June 5</u> 19 <u>32</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 7 (s) Born alive and now living 6

Born alive but now dead — Stillborn 1

FATHER
FULL NAME Martin H. Peck

Residence (Usual place of abode) Rockland, Idaho

If non-resident, give place and State —

Color or race White Age at last Birthday 52 (Years)

Birthplace Summit Co. Utah (City and State or County)

Occupation Farmer

MOTHER
FULL MAIDEN NAME Josie LaBelle Gard

Residence (Usual place of abode) Rockland, Idaho

If non-resident, give place and State —

Color or race White Age at last Birthday 43 (Years)

Birthplace Oxford, Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 9:15 A.M.
on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address Pocatello, Idaho

Filed June 30 1932 [Signature]

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-374301)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
RE: [Illegible]
[Illegible text block containing various details and references]

[Illegible text block containing various details and references]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>79705</u>	
City of <u>Pocatello</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>339</u>	
		Primary Registration District No. <u>2161</u>			
		(No. <u>Lynn Brothers Hospital</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Infant Peck</u>					
(a) Residence. No. <u>Pocatello, Idaho.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 5, 1932</u>					
7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.		
<u>Still-born</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>				
	13. NAME <u>Morton H. Peck</u>				
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Utah.</u>				
	15. MAIDEN NAME <u>Josie LaBell Gard</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho.</u>				
17. INFORMANT (Address) <u>Morton H. Peck Rockland, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rockland, Ida.</u> Date <u>June 6, 1932</u>					
19. UNDERTAKER (Address) <u>Arthur W. Hall Pocatello, Idaho.</u>					
20. FILED <u>June 6, 1932</u> <u>S. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 5, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>6-5-1932</u> to <u>6-5-1932</u>					
I last saw him live on <u>June 6, 1932</u> ; death is said to have occurred on the date stated above, at <u></u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Steel Beam</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u>					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>none</u>					
Manner of injury <u></u>					
Nature of injury <u>Steel Beam</u>					
24. Was disease or injury in any way related to occupation of deceased? <u></u>					
If so, specify <u></u>					
(Signed) <u>J. H. Lynn</u> , M. D.					
(Address) <u>Pocatello, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH STATE OF IDAHO
County of Bear Lake DEPARTMENT OF PUBLIC WELFARE
City of Montpelier BUREAU OF VITAL STATISTICS
No. 759 208 064 5B St. 52 CERTIFICATE OF BIRTH **S** 202789
(If born in hospital or institution
give name.) Registration District No. 52 State File No. 2136
Prim. Registration District No. 2136 Local Registrar's No. 2136

FULL NAME OF CHILD _____
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>3-8-1932</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? NO

Number of child of this mother, including present birth 1 (a) Born alive and now living none

Born alive but now dead none Stillborn none

FATHER FULL NAME <u>Richard D. Perkins</u>	MOTHER FULL MAIDEN NAME <u>B. M. Wade</u>
---	--

Residence (Usual place of abode) Montpelier

If nonresident, give place and State _____

Color or race White Age at last Birthday 18 (Years)

Birthplace Eden, Idaho (City and State or Country)

Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 45 P. M.
on the date above stated.

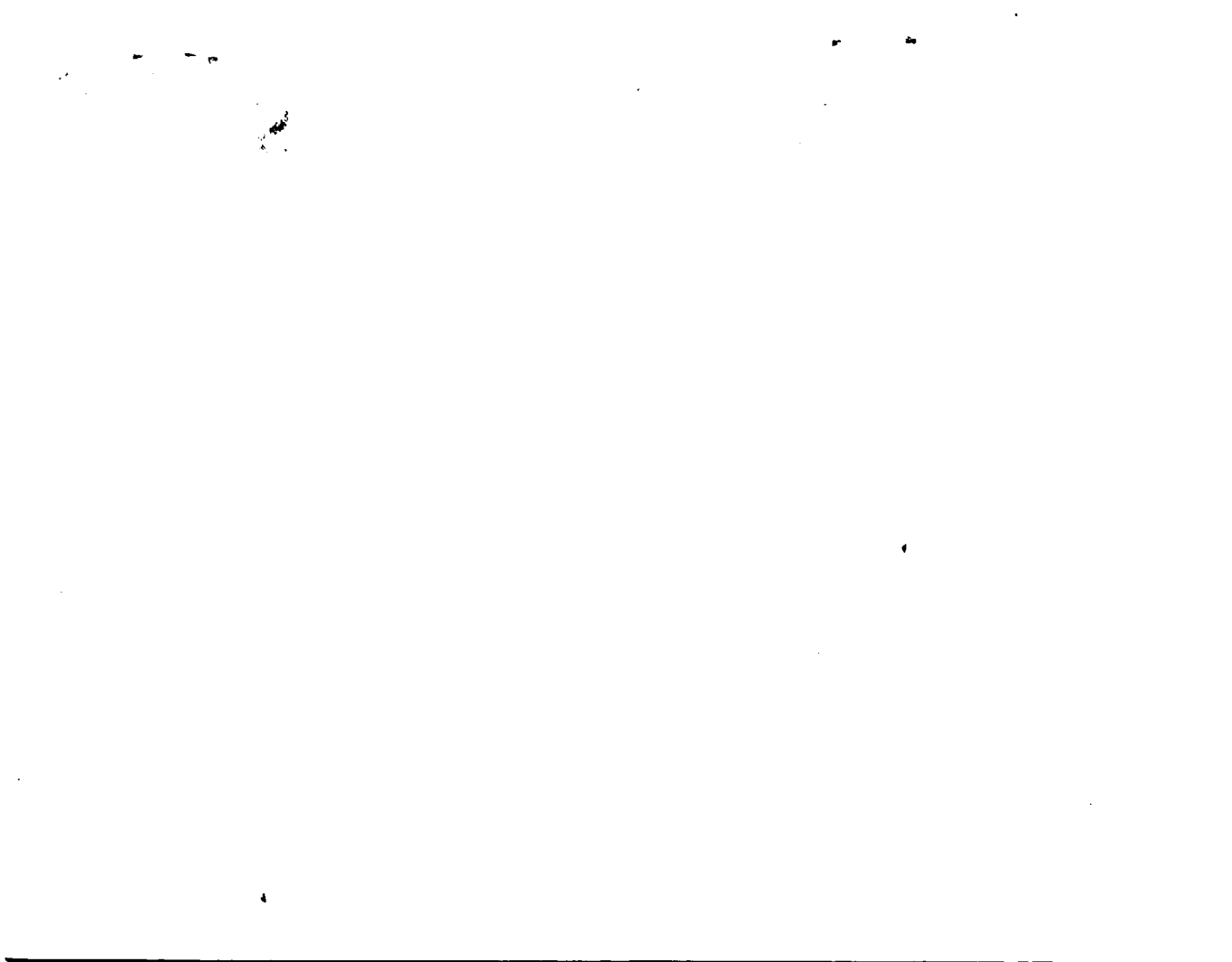
(Signature) W. F. L. L. L.

(Physician or midwife)

Address Montpelier, Idaho

Filed 6/11/32 1932 N. H. H. Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE MAINLY, WITH UNDERSTANDING AND CARE. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78950

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 236

Local Registrar's No. 206

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Perkins

(a) Residence. No. Montpelier, Idaho St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

16. DATE OF DEATH Mar 8 1932
(Month) (Day) (Year)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1932 to March 8, 1932
that I last saw him alive on March 8, 1932

6. DATE OF BIRTH (month, day and year) March 8, 1932

7. AGE Years Months Days
0 0 0 0
If LESS than 1 day, 0 hrs. or 0 min.

and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows: Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

(duration) yrs. mos. ds.
CONTRIBUTORY Forceps Delivery
(Secondary) (duration) yrs. mos. ds.

9. BIRTHPLACE (city or town) Montpelier, Idaho
(State or country)

18. Where was disease contracted
if not at place of death?

10. NAME OF FATHER Richard Boyd Perkins

Did an operation precede death? Date of

11. BIRTHPLACE OF FATHER (city or town) Montpelier
(State or Country) Idaho

Was there an autopsy?

12. MAIDEN NAME OF MOTHER Wilmette Marie Harte

What test confirmed diagnosis?

13. BIRTHPLACE OF MOTHER (city or town) Single, Idaho
(State or Country)

(Signed) W. S. Cusper M. D.
Mar 9, 1932 (Address) Montpelier

14. Informant See Downing
(Address) Montpelier, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. Filed 17 1932 H. N. King
Registrar

19. Place of Burial, Cremation, or Removal Montpelier, Idaho Date of Burial Mar 9 1932

20. Undertaker W. S. Cusper Address Montpelier

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH Pearl River RECEIVED 1937 STATE OF IDAHO
County of Pearl River DEPARTMENT OF PUBLIC WELFARE
City of Hammond BUREAU OF VITAL STATISTICS
No. 255-227004844 CERTIFICATE OF BIRTH 202790
(If born in hospital or institution
give name.) Registration District No. 52 State File No. _____
Prim. Registration District No. 2136 Local Registrar's No. _____

FULL NAME OF CHILD _____
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>3 27 1937</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth one (a) Born alive and now living one
Born alive but now dead one Stillborn _____

FATHER	MOTHER
FULL NAME <u>Robert Kuntze</u>	FULL MAIDEN NAME <u>Grace Humphrey</u>
Residence (Usual place of abode) <u>Hammond</u>	Residence (Usual place of abode) <u>Hammond</u>
If nonresident, give place and State _____	If nonresident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>20</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>20</u> (Years)
Birthplace <u>Missouri</u> (City and State of Country)	Birthplace <u>Idaho</u> (City and State of Country)
Occupation <u>Farmer</u>	Occupation <u>Physician</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

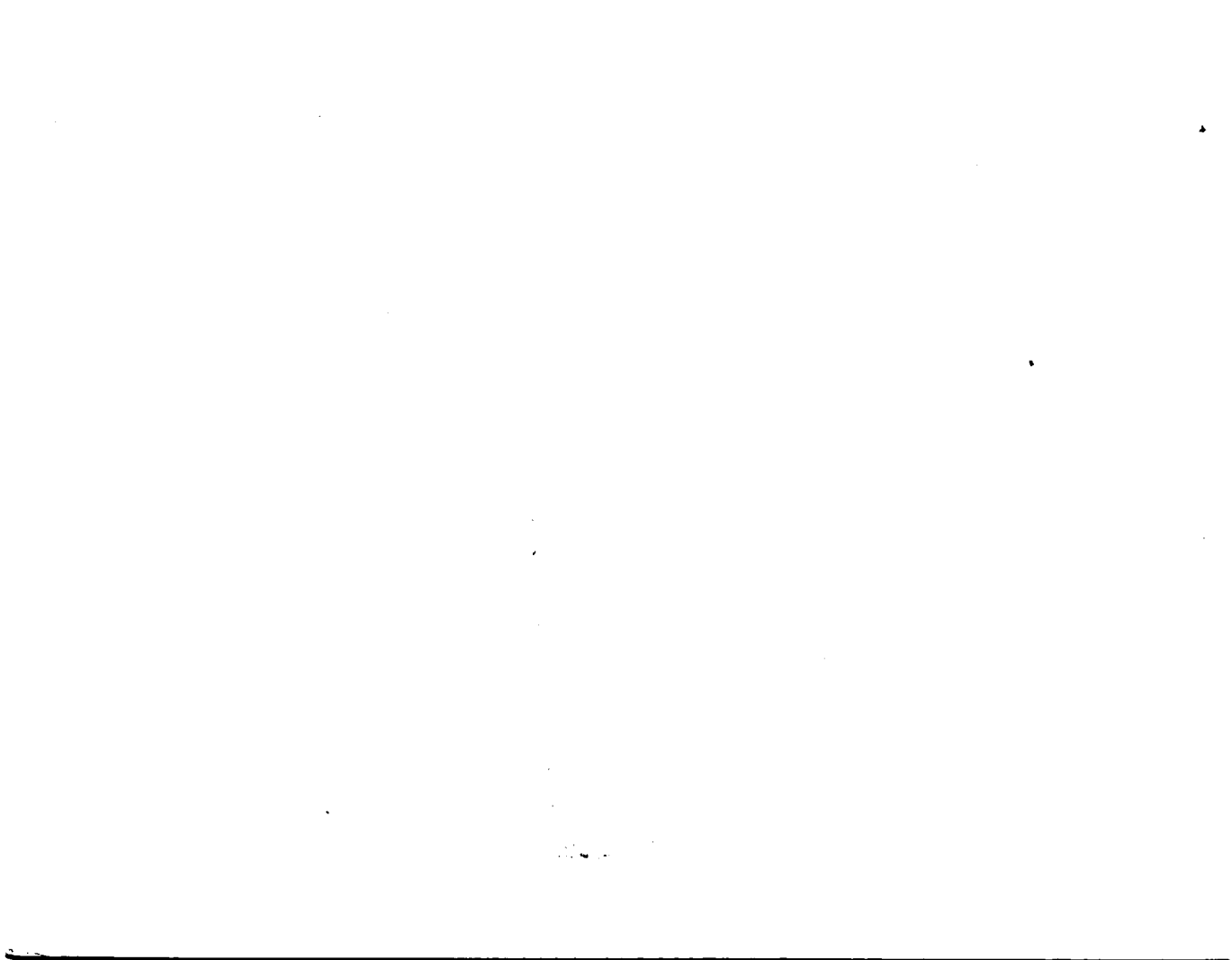
I hereby certify that I attended the birth of this child, who was Born alive at 4 30 P. M.
on the date above stated.

(Signature) Dr. C. C. C. C.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Monpelier Idaho

Filed 4/1/37 1937 Registrar N. H. H.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham
City of Blackfoot,
No. East Court St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
202856

Registration District No. 121

State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1007

Local Registrar's No. 215

2. FULL NAME OF CHILD

Stillborn Robertson

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 22nd, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Joseph Robertson</u>	FATHER		18. Full maiden name <u>Mattie Clark</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pingree, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Pingree, Ida</u>			
11. Color or race <u>W</u>		12. Age at last birthday <u>57 1/2</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>Spanish Fork, UT</u>		22. Birthplace (city or place) (State or country) <u>South Dakota</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work		26. Total time (years) spent in this work			
27. Number of children of this mother <u>5</u> (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>9</u> months or weeks		29. Cause of stillbirth <u>Thrombosis of Cord</u>			
		Before labor _____ During labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:20 A m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF)

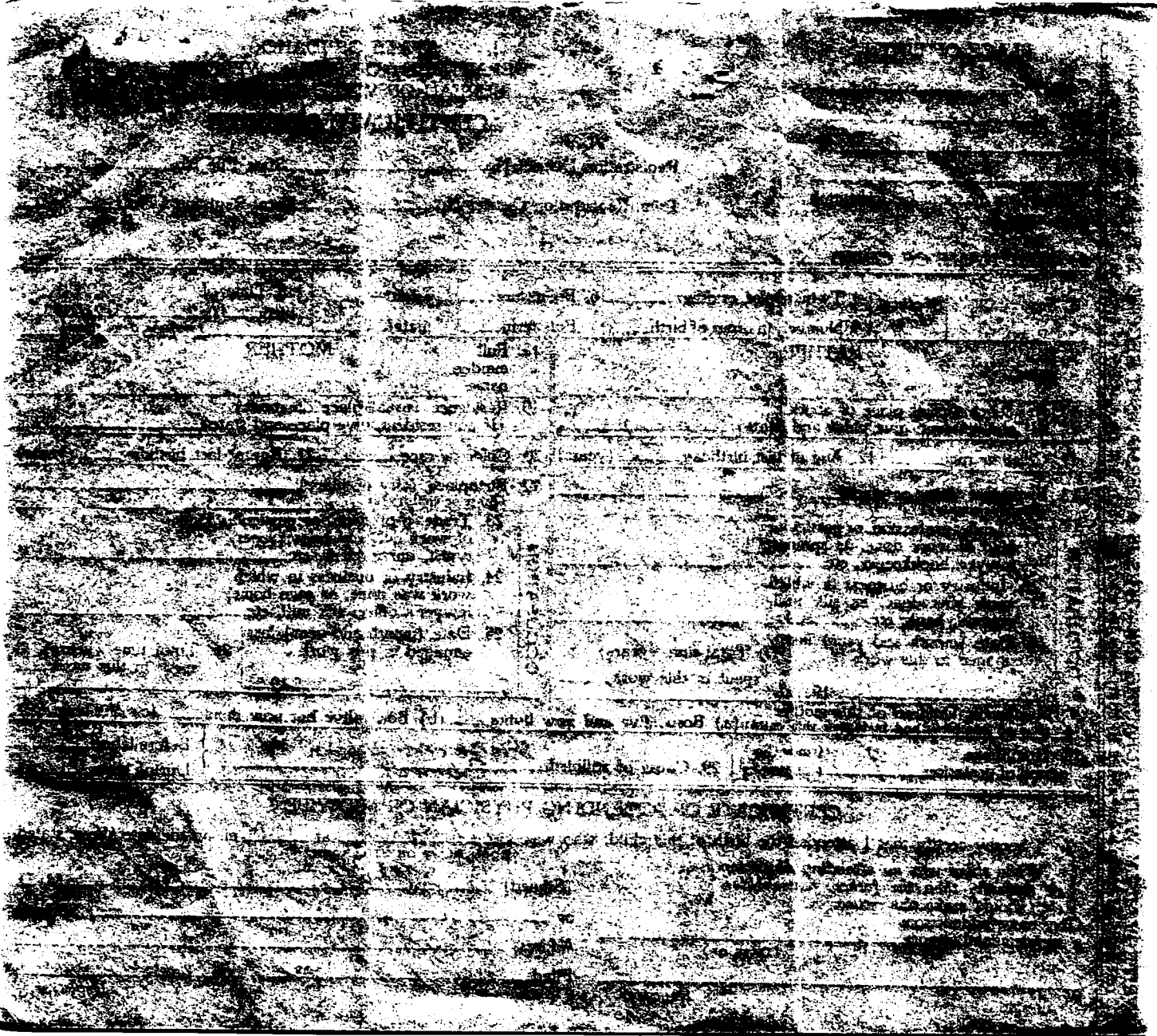
(Signed) W. W. Beck, M. D.

or _____, Midwife

Address Blackfoot, Idaho

Filed July 2, 1932 M. H. Lister
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED JUL 3 1932	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		19740	
CERTIFICATE OF DEATH		State File No.	
PLACE OF DEATH County of <u>Bingham</u> City of <u>Blackfoot</u>		Registration District No. <u>121</u> Primary Registration District No. <u>2194</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>89</u>	
2. FULL NAME <u>Stillborn</u>			
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>June 27, 1932</u>			
7. AGE Years Months Days If LESS than 1 day, hrs. or min. <u>Stillborn</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>			
13. NAME <u>Joseph Robertson</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Spanish Fork Utah</u>			
15. MAIDEN NAME <u>Mattie Clark</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Rapid City South Dakota</u>			
17. INFORMANT <u>Joe Robertson</u> (Address) <u>Blackfoot Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Home City Mausoleum</u> Date <u>June 28, 1932</u>			
19. UNDERTAKER <u>W. W. Beck</u> (Address) <u>Blackfoot Idaho</u>			
20. FILED <u>June 28, 1932</u> <u>W. W. Beck</u> Registrar. (Address) <u>Blackfoot, Idaho</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>June 22, 1932</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>June 22, 1932</u> , to <u>June 27, 1932</u>			
I last saw him alive on <u>Stillborn</u> , 1932; death is said to have occurred on the date stated above, at <u>7 A.</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Thrombosis of umbilical cord</u> about <u>June 20, 1932</u>			
Other contributory causes of importance:			
Name of operation <u>None</u> Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury, 1932			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify			
(Signed) <u>W. W. Beck</u> , M. D.			
(Address) <u>Blackfoot, Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 202857
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. So. Cleveland St.

Registration District No. 121 State File No. S

(If born in hospital or institution give name.)

Prim. Registration District No. 1007 Local Registrar's No. 223

2. FULL NAME OF CHILD Still born Johnston

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>June 18</u> , 1932 (MONTH, DAY, YEAR)
		5. Number, in order of birth	Full term		

9. Full name FATHER		18. Full maiden name MOTHER	
<u>J. Madison Johnston</u>		<u>Ivan Chamberlain</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Id</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Id</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>40</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>35</u> (years)
13. Birthplace (city or place) (State or country) <u>Bay City Mich.</u>		22. Birthplace (city or place) (State or country) <u>Marquette Mich.</u>	

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Civil Engineer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Civil Engineer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>June</u> , 1932		25. Date (month and year) last engaged in this work <u>June</u> , 1932
	17. Total time (years) spent in this work <u>15</u>		26. Total time (years) spent in this work <u>10</u>

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, 7 months period of gestation { 2 weeks } 29. Cause of stillbirth Unknown { Before labor 10 Da During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 10:30 a. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. W. Mitchell, M. D.

Give name added from a supplemental report

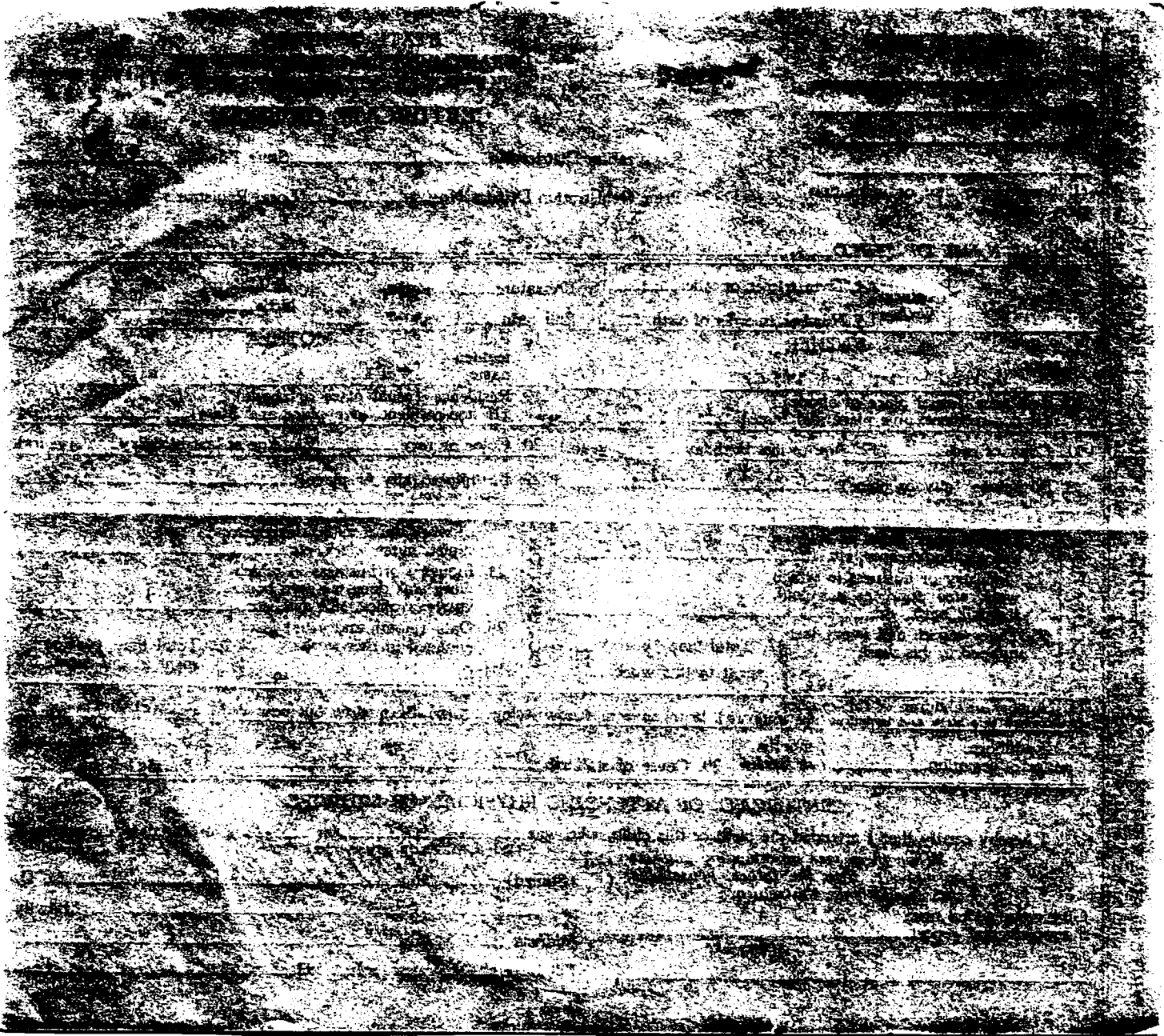
(DATE OF)

or Blackfoot, Idaho Midwife

Address Blackfoot, Idaho

Filed July 2, 1932 Wm. H. Nelson Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1932

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 1007Local Registrar's No. 85(No. Blackfoot Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unnamed Johnston

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Jun 18 1932

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Blackfoot Ida.
(State or country)13. NAME J. M. Johnston14. BIRTHPLACE (city or town) Bay City
(State or country) Michigan15. MAIDEN NAME Iven M. Chamberlain16. BIRTHPLACE (city or town) Marquette
(State or country) Michigan17. INFORMANT J. M. Johnston
(Address) Blackfoot, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Date Jun 18 193219. UNDERTAKER E. J. F.
(Address) Blackfoot20. FILED June 18 1932 2. Mrs. Thelma E. Catlett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1932

22. I HEREBY CERTIFY, That I attended deceased from _____

June 18 1932, to June 18 1932.I last saw he _____ on June 18 1932; death is saidto have occurred on the date stated above, at 2.4 m.

The principal cause of death and related causes of importance

were as follows: _____ Date of onset _____

Premature 8 month 6/18/32Stillborn

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 1932.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. M. Mitchell, M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

266 1220 009 669
1. PLACE OF BIRTH
County of Bonner
City of Sandpoint, Ida.
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 202885

Registration District No. 78 State File No. _____
Prim. Registration District No. 2155 Local Registrar's No. 69

2. FULL NAME OF CHILD Barker

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth <u>1</u>	6. Premature <u>Yes</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>June 20, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Severy Barker</u>	FATHER			18. Full maiden name <u>Glady's Work</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sandpoint, Ida.</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sandpoint, Ida.</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>3</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>21</u> (years)	
13. Birthplace (city or place) <u>Ohio</u> (State or country)				22. Birthplace (city or place) <u>Idaho</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
	16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work <u>1 1/2</u>			26. Total time (years) spent in this work			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____						
28. If stillborn, period of gestation <u>8 months</u> or weeks			29. Cause of stillbirth <u>Pneumonia</u>			
Before labor _____			During labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 2:30 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Algorn, M. D.

or _____ Midwife

Address Sandpoint, Ida.

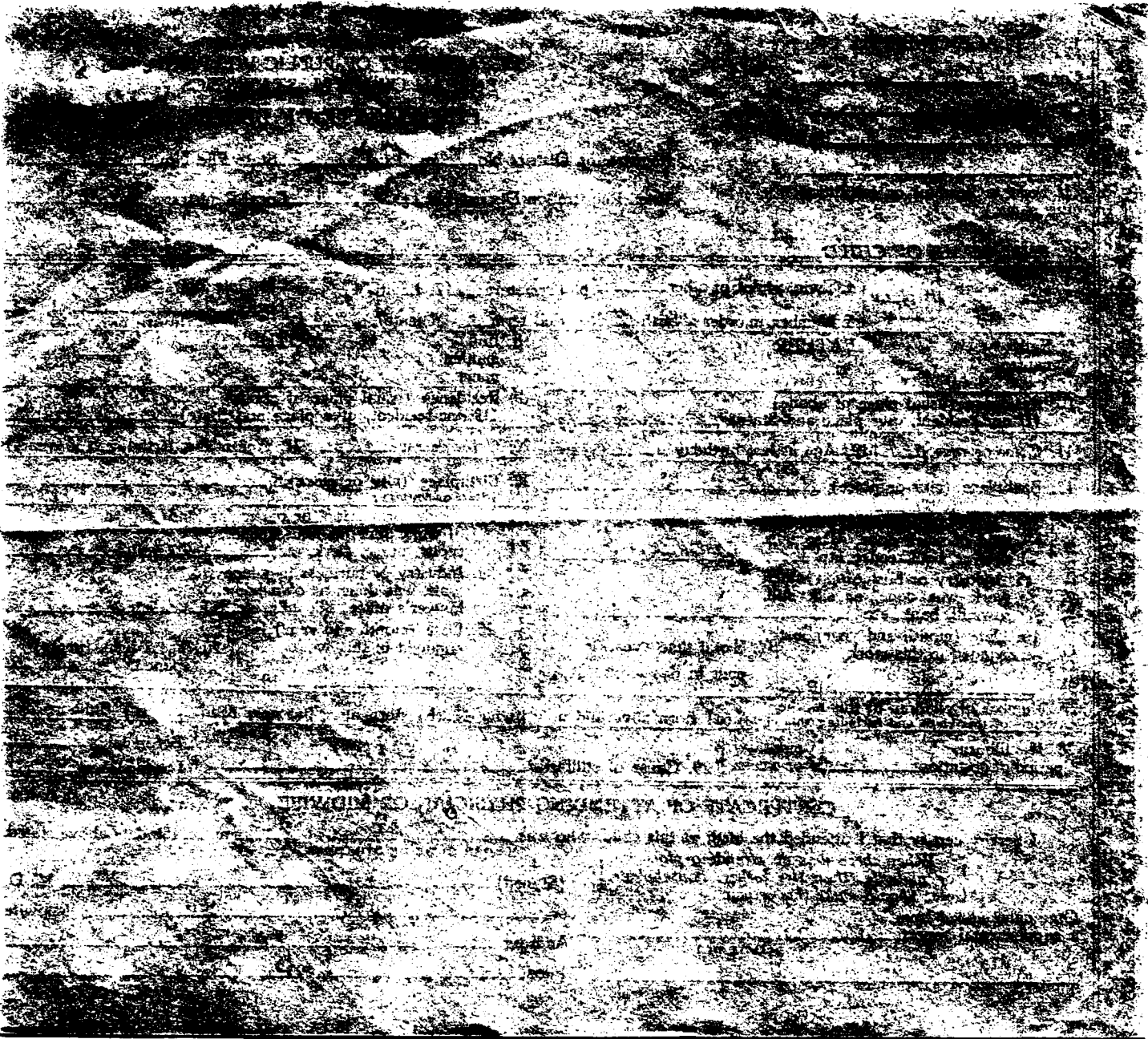
Filed July 2, 1932 Viola Allen

Deputy Registrar.

Give name added from a supplemental report _____

(DATE OF)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 36
Township _____ or Village _____
City Sandpoint No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Infant Bowker
(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Stillbirth

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

13. NAME Dewey Bowker

14. BIRTHPLACE (city or town) Ohio
(State or country)

15. MAIDEN NAME Gladys Wartz

16. BIRTHPLACE (city or town) S. Dakota
(State or country)

17. INFORMANT Dewey Bowker
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Interment
Place Sandpoint, Idaho Date June 20, 1932

19. UNDERTAKER Dewey Bowker
(Address) Sandpoint, Idaho

20. FILED June 20, 1932 Isabel Allers
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1932, to _____, 19____

I last saw him alive on 6-20, 1932 death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Strangulation from cord hanging over his round neck

Date of onset

Other contributory causes of importance:

Albumen of mother

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Strangulation from cord

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) B. E. Allers, M. D.

(Address) Sandpoint

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville
City of Dona
No. St.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

202934

S

Registration District No. 73 State File No.(If born in hospital or institution
give name.)Prim. Registration District No. 212-0 Local Registrar's No. 271FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>girl</u>	Twin Triplet <u>one</u> and or other?	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>April 24</u> 19 <u>32</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2.07aNumber of child of this mother, including present birth 8 (a) Born alive and now living 5Born alive but now dead three Stillborn 1

FATHER		MOTHER	
FULL NAME <u>John Mansfield</u>	FULL MAIDEN NAME <u>Scharlet Berry</u>		
Residence (Usual place of abode) <u>Dona, Idaho</u>	Residence (Usual place of abode) <u>Dona, Idaho</u>		
If non-resident, give place and State	If non-resident, give place and State		
Color or race <u>white</u> Age at last Birthday <u>42</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>38</u> (Years)		
Birthplace <u>England</u> (City and State or County)	Birthplace <u>Toselle, Utah</u> (City and State or County)		
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn ^{Born alive} at 11 20 A. M.
on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address Idaho Falls, IdahoFiled May 11 1932 [Signature]

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____
Local Registrar's No. _____
(If different, substitute the word "Child" for name of child)

Sex of child _____
Date of birth _____
(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?
(a) Both alive and now living

Stillborn _____
NAME _____
MOTHER _____
FATHER _____

Place of birth _____
Home address _____
Color of skin _____
Color of hair _____
Birthplace _____
(City and State or County)
Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____
at _____ (Birthplace)

Address _____
Signed _____
Date _____

Where there was no attending physician or midwife, then the father, householder, or other person present at the birth, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

962-226-010-459

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Idaho

No. 208 St. Hospital

(If born in hospital or institution give name.)

Registration District No. 73 State File No. 2140

Prim. Registration District No. 2140 Local Registrar's No. 190

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

2. FULL NAME OF CHILD

Betty Robinson

3. Sex Female If plural births 1 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature yes Full term 1 7. Legitimate? yes 8. Date of birth 5-26-1932 (MONTH, DAY, YEAR)

9. Full name FATHER Levellyn Robinson

18. Full maiden name MOTHER Jennie Merrill

10. Residence (usual place of abode) (If non-resident, give place and State) Bone, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Bone, Idaho

11. Color or race White 12. Age at last birthday 21 (years)

20. Color or race White 21. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or country) Bone, Idaho

22. Birthplace (city or place) (State or country) Amos, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shepherd

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

16. Date (month and year) last engaged in this work 5-25-1932

25. Date (month and year) last engaged in this work 19

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 8 months or weeks 0 29. Cause of stillbirth Fetal by mother Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8:10 m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____

(DATE OF)

(Signed) A.P. Soderquist M. D.

or _____ Midwife

Address Idaho Falls, Idaho

Filed 5-27, 1932 C. J. Soderquist

Registrar.

Registrar.

STATE OF OHIO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF CHILD WELFARE
 DIVISION OF CHILD PLACEMENT

Registration Number No. _____

Place of birth _____
 Date of birth _____

MOTHER

FATHER

NOTARIAL

NOTARIAL

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____

(Signed) _____

Address _____

City _____

DATE

THIS IS TO CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE PLACE AND DATE HEREIN SET FORTH AND THAT THE SIGNATURE OF THE PHYSICIAN OR MIDWIFE IS A TRUE AND CORRECT COPY OF THE ORIGINAL FILED IN THE OFFICE OF THE DIVISION OF CHILD PLACEMENT, DEPARTMENT OF PUBLIC WELFARE, STATE OF OHIO, ON THIS _____ DAY OF _____, 19____.

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of Banner
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District 18

Primary Registration District No. 2140

(No. 73 St.)

2. FULL NAME

Baby Robinson

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 79571

Local Registrar's No. 79571

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

Female White Stillborn
(Write the word)

6. DATE OF BIRTH

May 26 1932
(Month) (Day) (Year)

7. AGE

Stillborn
Yrs. Mos. ds.

IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF Father

Llewellyn Robinson

11. BIRTHPLACE OF FATHER

(State or Country) Banner, Idaho

12. MAIDEN NAME OF MOTHER

Jennie Merrill

13. BIRTHPLACE OF MOTHER

(State or Country) Annis, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Llewellyn Robinson
(Address) Bone, Colo.

15.

Filed 7/27

19 32

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26 1932 to May 26 1932, that I last saw her alive on May 26 1932, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Premature Still Born.

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. P. Soderquist M. D.

Idaho Falls, Idaho
(Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Cremation - 138

DATE OF BURIAL

May 27 1932

20. UNDERTAKER

None

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman; (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home,** and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH,** state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

263728 011-213

PLACE OF BIRTH

County of Boundary
City of Bannock
No. _____ St. _____

RECEIVED JUL 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

202954

Registration District No. 29 State File No. _____
(If born in hospital or institution
give name.) Prim. Registration District No. 256 Local Registrar's No. _____
FULL NAME OF CHILD George Solandros
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mated? <u>yes</u>	Date of birth <u>May 28-1932</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? 12 drops

Number of child of this mother, including present birth. 2 (a) Born alive and now living. 1

Born alive but now dead. 0 Stillborn 1

FATHER FULL NAME <u>Nicholas Solandros</u>	MOTHER FULL MAIDEN NAME <u>Aglikia Kalopoulos</u>
---	--

Residence (Usual place of abode) Bannock Ferry

If non-resident, give place and State _____

Color or race white Age at last Birthday 49 (Years)

Birthplace Greece (City and State or County)

Occupation Shipowner (Capt.)

Color or race W. Age at last Birthday 32 (Years)

Birthplace Greece (City and State or County)

Occupation Housewife (34 yrs.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 10 A. M.
on the date above stated.

(Signature) E. E. King

(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address Bannock Ferry, Ida

Filed May 31 1932. E. E. King

REGISTERED

RECEIVED BY THE BUREAU OF INVESTIGATION, DEPARTMENT OF JUSTICE, MAY 11, 1934

County of _____
 City of _____

CERTIFICATE OF BIRTH

My name is _____
 of _____

Registration District No. _____
 Town Registration District No. _____

My name is _____
 of _____
 and _____
 of _____

My name is _____
 of _____
 and _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

My name is _____
 of _____

It is hereby certified that I attended the birth of this child who was born _____
 at _____
 of _____

Address _____
 City _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JUL 15 1932	
PLACE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Boundary</u>		State File No. <u>79792</u>	
City of <u>Bonnars Ferry</u>		Local Registrar's No. <u>79</u>	
Registration District No. <u>79</u>		Primary Registration District No. <u>2156</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby George Solandros</u>			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>May 28, 1932</u>			
7. AGE <u>Stillborn</u>	Years _____ Months _____ Days _____	If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Bonnars Ferry</u> (State or country) <u>Idaho</u>			
13. NAME <u>Nicholas Solandros</u>			
14. BIRTHPLACE (city or town) <u>Greece</u> (State or country)			
15. MAIDEN NAME <u>Ageliki Kalogeropoulos</u>			
16. BIRTHPLACE (city or town) <u>Greece</u> (State or country)			
17. INFORMANT <u>Nicholas Soulandros</u> (Address) <u>Bonnars Ferry, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bonnars Ferry, Idaho</u> <u>May 28, 1932</u>			
19. UNDERTAKER <u>H. R. Crouch</u> (Address) <u>Bonnars Ferry, Idaho.</u>			
20. FILED <u>May 28, 1932</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>May 28, 1932</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.			
I last saw him alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Stillborn.</u>			
Other contributory causes of importance:			
<u>Breath presentation.</u> <u>Narrow pelvic outlet of mother.</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>H. R. Crouch</u> M. D.			
(Address) <u>Bonnars Ferry, Idaho.</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonanza
City of Bonanza, Ind.
No. 415-127-011-231 St. Ind.

DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 State File No. 202955

(If born in hospital or institution
give name.)

Prim. Registration District No. 156 Local Registrar's No. S

FULL NAME OF CHILD

Baby Davis

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>June 27-1932</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? 1

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 1 Stillborn 1

FATHER FULL NAME <u>Perry Davis</u>	MOTHER FULL MAIDEN NAME <u>Helen Stanton</u>
--	---

Residence (Usual place of abode) Hamlet, Ind.

It non-resident, give place and State 1

Color or race White Age at last Birthday 23 (Years)

Birthplace Pendleton, Ore. (City and State or County)

Occupation Farmer (5 yrs.)

It non-resident, give place and State 1

Color or race White Age at last Birthday 16 (Years)

Birthplace Del Paso, Ore. (City and State or County)

Occupation Housewife (1 yr.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12.10 A. M. on the date above stated.

(Signature) S. E. Fox

(Physician or midwife)

Address Bonanza, Ind.

Filed June 27-1932 Registrar S. E. Fox

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

There is no attending physician or midwife then the father, grandfather, or other person should make this return. A child is one that neither practices nor shows other evidence of the other child.

Filed
Address

(Signature of midwife)

(Signature)

I hereby certify that I attended the birth of this child, who was stillborn at

Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN FOR MIDWIFE

Occupation

Color and kind of hair

(Yellow)

Birthplace of child and date of birth

Color of face

Age at last inspection

How and when the child was born

Yours

FATHER

Yours
MOTHER

Stillborn

Number of child or children, including present birth

When and where was such to present child (Name)

Place and date of birth (in case of child)

Sex

Color of hair

Color of skin

Color of face

Color of eyes

(Date)

Registration District No.

Registration District No.

No.

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ATTEST: CLERK OF BOARD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79793

PLACE OF DEATH

County of Bonanza Registration District No. 79
City of Bonanza Ferry Primary Registration District No. 2116Local Registrar's No. no 6

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Davis

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OF RACE white 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 27-19327. AGE child Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bonanza Ferry, Idaho
(State or country)10. NAME OF FATHER Perry Davis11. BIRTHPLACE OF FATHER (city or town) Pendleton, Oregon
(State or Country)12. MAIDEN NAME OF MOTHER Helena Stanton13. BIRTHPLACE OF MOTHER (city or town) Self Park, Wash.
(State or Country)14. Informant Perry Davis
(Address) Samuel, Ida15. Filed June 27, 1932 W. E. T. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 27-1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....and that death occurred, on the date stated above, at Bonanza*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Spill from
Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?.....Did an operation precede death? no Date of.....Was there an autopsy? no

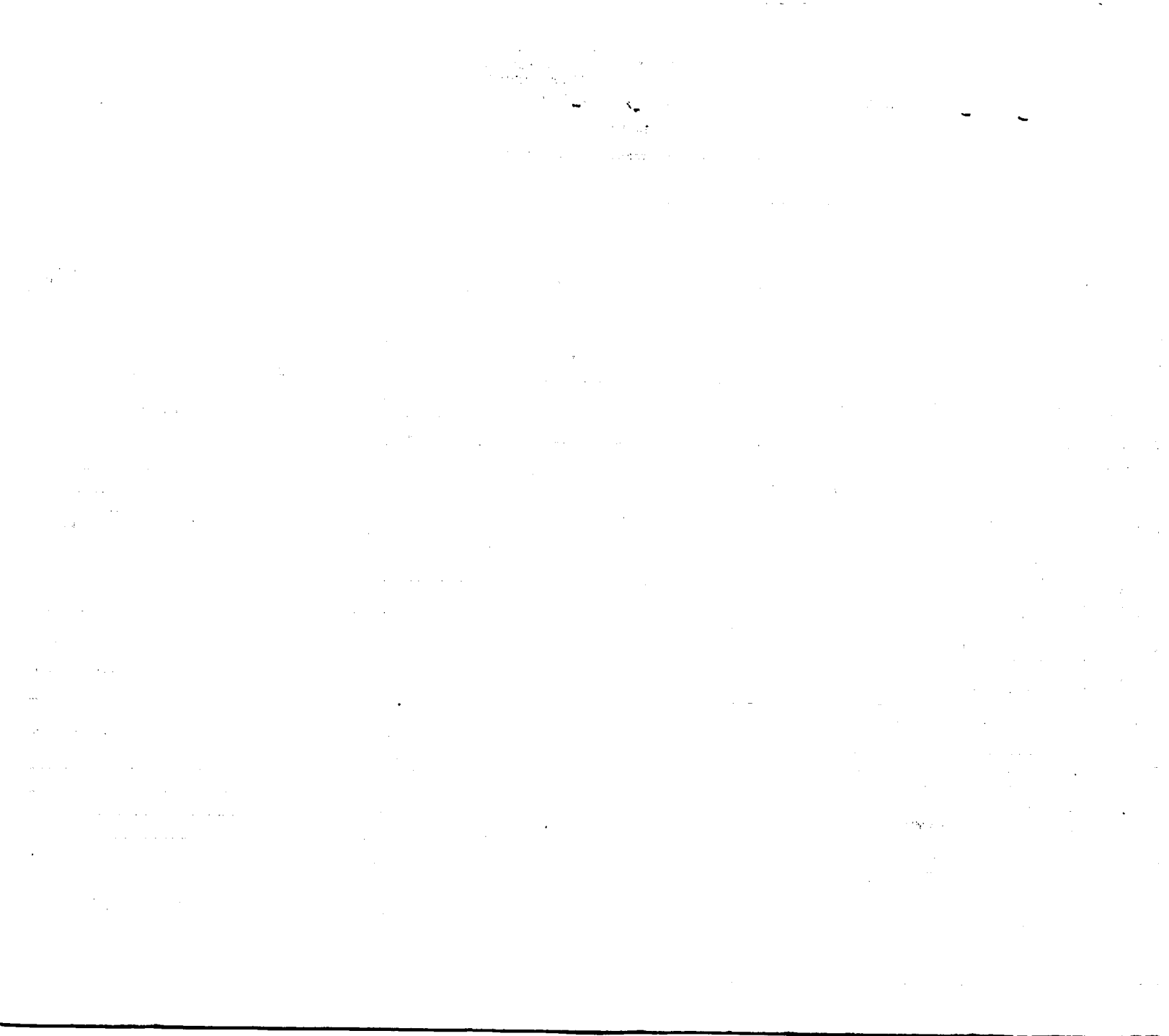
What test confirmed diagnosis?.....

(Signed) W. E. T. M. D.
June 27, 1932 (Address) Bonanza Ferry19. Place of Burial, Cremation, or Removal Samuel, Ida Date of Burial June 27, 1932

20. Undertaker Address

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Hurston RFD No II

No. 745-202-014-418 St.

(If born in hospital or institution
give name.)

Registration District No. 3 State File No. S-

Prim. Registration District No. 2005 Local Registrar's No. 101

FULL NAME OF CHILD Lella May Lundy

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and {	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>July 2</u> 19 <u>32</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 1

Number of child of this mother, including present birth One (a) Born alive and now living ☒

Born alive but now dead ☒ Stillborn One

FATHER FULL NAME <u>Glenn Williams Lundy</u>	MOTHER FULL MAIDEN NAME <u>Gladys Bernice Meyer</u>
---	--

Residence (Usual place of abode) Hurston RFD No 2

If nonresident, give place and State 1

Color or race White Age at last Birthday 20 (Years)

Birthplace Jasper Co. Mo. (City and State or Country)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 P. M.
on the date above stated.

(Signature) Carl Warner D.O.

(Physician or midwife)

Address Amthurst B Caldwell Idaho

Filed 7-7- 1932 John B. Meyer

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

THIS IS A LEGAL DOCUMENT
 ANY ATTEMPT TO ALTER OR
 DESTROY IT WILL BE
 PUNISHED BY LAW

PLACE OF BIRTH

DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1000 Local Registration No. 1000
 State File No. 1000

(To be filled out by the registrar or other authorized person)

Sex of Child Male Date of Birth 1932
 Month 1 Day 1 Year 1932

What prophylactic was used to prevent Ophtalmia Neonatorum? None
 Number of Child of this mother, including present birth, 1

FATHER'S NAME John Doe MOTHER'S NAME Jane Doe
 FULL NAME John Doe FULL NAME Jane Doe

Residence (Last place of abode) 123 Main St, New York
 Usual place of abode 123 Main St, New York

Place of Birth New York Date of Birth 1932
 (City and State or County) (Year)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Male
 on the date above stated.

(Signature) John Doe
 Address 123 Main St, New York
 Filed 1932

Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

JUL 14 1932
CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Canyon
City of Hustler

Registration District No.
Primary Registration District No. 3
(No. 2005 St.)

State File No. 79835
Local Registrar's No. 85

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Della May Lundy

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

July 2 1932
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many
hrs. or min.?

Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF Father

Glen W. Lundy

11. BIRTHPLACE OF FATHER

(State or Country) Missouri

12. MAIDEN NAME OF MOTHER

Gladis B Meyer

13. BIRTHPLACE OF MOTHER

(State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Glen W. Lundy
(Address) Hustler #2

15.

Filed

7-7-

1932

John B. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 2 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2 1932 to July 2 1932 that I last saw him alive on July 2 1932 and that death occurred on the date stated above, at 3:30 P.

The CAUSE OF DEATH* was as follows:

Suffocation.

(Duration) ✓ yrs. ✓ mos. ✓ ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

Carl Warner

M. D. 0

1932

(Address) Caldwell Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds. Where was disease contracted if not at place of death? Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Canyon Hill

DATE OF BURIAL

7/4 1932

20. UNDERTAKER

C. V. Beckham

ADDRESS

Caldwell Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home,** and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH,** state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc.,** of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia
City of Burley
No. R.R.#2 St. 2

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 117 State File No. S
Prim. Registration District No. 2196 Local Registrar's No. 2166
Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other? <u> </u>	{ and } Number in order of birth <u> </u>	Legiti- mate? <u>Yes</u>	Date of birth <u>6 - 24</u> 19 <u>32</u> (Month) (Day) (Year)
-------------------------	--	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? No Silver 1090

Number of child of this mother, including present birth. 1 (a) Born alive and now living 0
Born alive but now dead 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Charles E. Moffett</u>	FULL MAIDEN NAME <u>Julia Gray Draney</u>
Residence (Usual place of abode) <u>Burley, R.R.#3</u>	Residence (Usual place of abode) <u>Burley, R.R.#3</u>
If non-resident, give place and State <u> </u>	If non-resident, give place and State <u> </u>
Color or race <u>White</u> Age at last Birthday <u>28</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>23</u> (Years)
Birthplace <u>American Fork, Utah</u> (City and State or County)	Birthplace <u>Logan, Utah</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>R.R.</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn Born alive at 9:50 P. M.
on the date above stated.

(Signature) Delane Francis
Burley, Idaho
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address
Filed 7-6-1932 W. H. Carter
Registrar.

HTH: 20 100-100000

Registration District No. _____
Registration District No. _____

[illegible]

(Year) (Month) (Day)

1. The first group of documents is a collection of letters and reports from the various branches of the Government, dated from 1861 to 1865. These documents are arranged in chronological order, and are numbered 1 to 100. They contain a great deal of information regarding the internal affairs of the Government, and the relations between the different branches.

100-443886-100

President U. S. House of Representatives

1. The first of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the courts. The majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the courts.

UNITED STATES OF AMERICA
[Redacted]

I hereby certify that I attended the birth of this child, known as _____

Signature

(allowing for deviations)

...and that he was one of the few who had survived the attack.

There is no evidence of life after death.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Cassia

City of Burley

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 176

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Moffett

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) S

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 24 - 1932

7. AGE Still Born If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burley
(State or country) Idaho

10. NAME OF FATHER Carlos Moffett

11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Jessie Prueger

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)

14. Informant Carlos Moffett
(Address) Burley Idaho

15. Filed June 25 1932
Registrar. F. H. Curtis

DO NOT WRITE IN THIS SPACE

79847

State File No.

Local Registrar's No. 231

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 24, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1932 to June 24, 1932
that I last saw him alive on Still born, 1932
and that death occurred, on the date stated above, at 10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Failure of Respiratory function

(duration) yrs. mos. ds. 0

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Leon Prueger, M. D.

(Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal

Burley Ida. Date of Burial June 25 1932

20. Undertake W. E. Johnson Address Burley

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

1. PLACE OF BIRTH
County of Freemont
City of St. Anthony
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 204102
CERTIFICATE OF BIRTH

Registration District No. 99 State File No. S
Prim. Registration District No. 2177 Local Registrar's No. 66

2. FULL NAME OF CHILD Still Born

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other <u>1</u>	6. Premature <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 7, 1932</u> (MONTH, DAY, YEAR)
5. Number, in order of birth <u>5</u>	Full term <u>yes</u>				
9. Full name <u>Alfred G. Bernutson</u>	FATHER		18. Full maiden name <u>Sorane Dumbor</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Felt Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Felt Ida</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>40</u> (years)	20. Color or race <u>W</u>		21. Age at last birthday <u>36</u> (years)	
13. Birthplace (city or place) (State or country) <u>Sagan, Utah</u>	22. Birthplace (city or place) (State or country) <u>Sagan, Utah</u>				
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auto-Mechanic</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>✓</u> 16. Date (month and year) last engaged in this work <u>19</u>	17. Total time (years) spent in this work <u>✓</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u> 25. Date (month and year) last engaged in this work <u>✓</u>	26. Total time (years) spent in this work <u>✓</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>6</u> months or weeks		29. Cause of stillbirth <u>Abnormally large Head</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still Born at 7¹⁵ a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) P. M. Kelly, M. D.

Address St. Anthony, Idaho

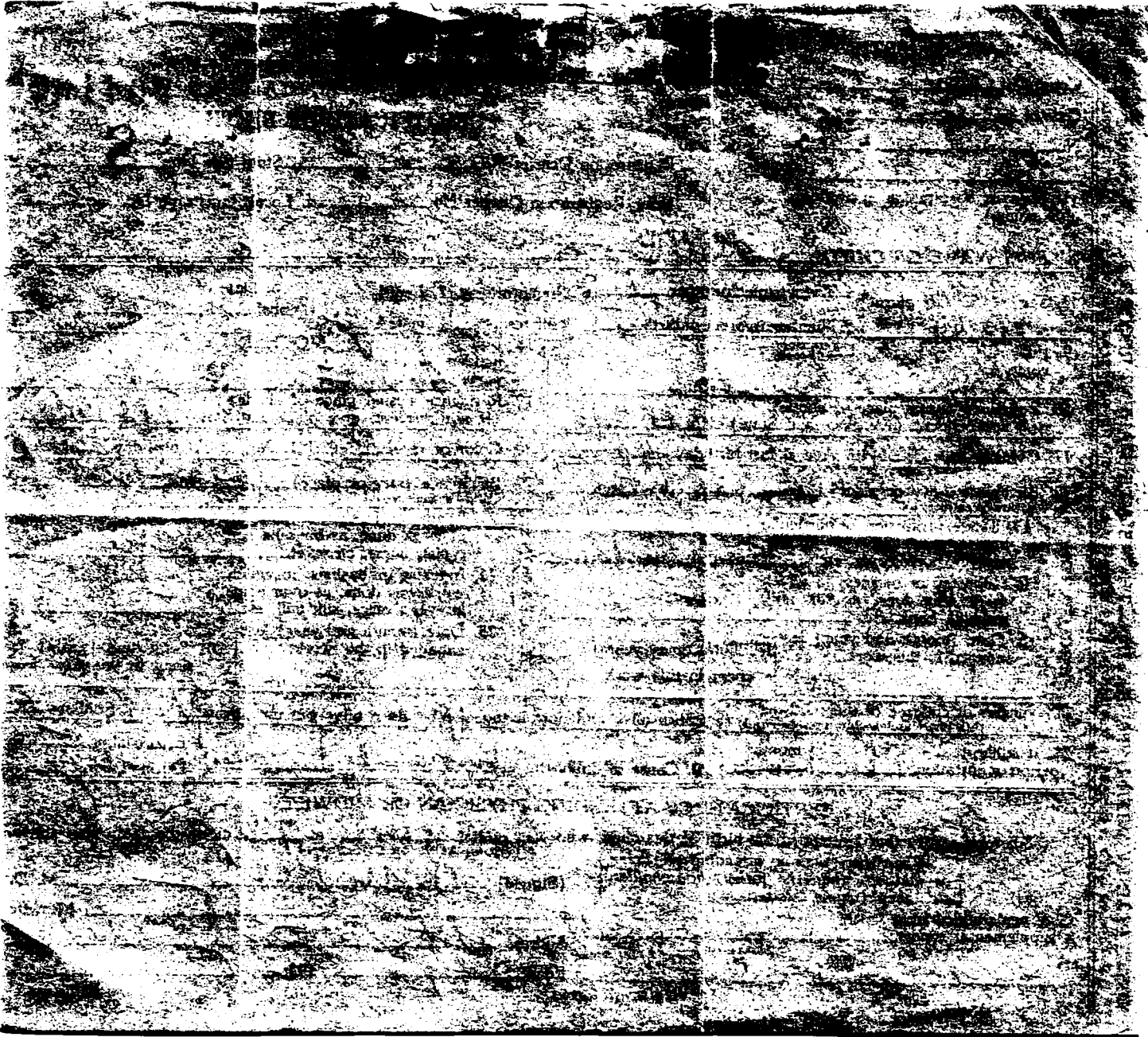
Filed July 3, 1932

Give name added from a supplemental report

Sarah Munk (DATE OF)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 8 1937
STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

County of Fremont

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

City St. AnthonyRegistration District No. 99Primary Registration District No. 2177State File No. 79549Local Registrar's No. 206

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Still Born (Bentson)

(a) Residence. No. _____ St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. —ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Still-Born male

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
June 7, 1932

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St. Anthony, Ida.13. NAME Hyman A. Bentson14. BIRTHPLACE (city or town) (State or country) Logan, Utah.15. MAIDEN NAME Lorriane Dumbay16. BIRTHPLACE (city or town) (State or country) Logan, Utah.17. INFORMANT Mrs. H. A. Bentson
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Felt, Ida. Date June 8, 193219. UNDERTAKER Felt, Ida.
(Address)

20. FILED _____, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____

June 7, 1932, 1932 to June 7, 1932, 1932I last saw him alive on June 7, 1932; death is saidto have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance

were as follows: Abnormally large head preventing birth.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) P. M. Kelly, M. D.(Address) St. Anthony, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUL 7 1932

CERTIFICATE OF BIRTH 204117

County of Gooding
City of "
No. RFD St.
49370504264
(If born in hospital or institution
give name.)

Registration District No. 24 State File No. 204117
Prim. Registration District No. 39 Local Registrar's No. S

FULL NAME OF CHILD Muller
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>June 5</u> 19 <u>32</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 5 (a) Born alive and now living 2
Born alive but now dead 0 Stillborn 3

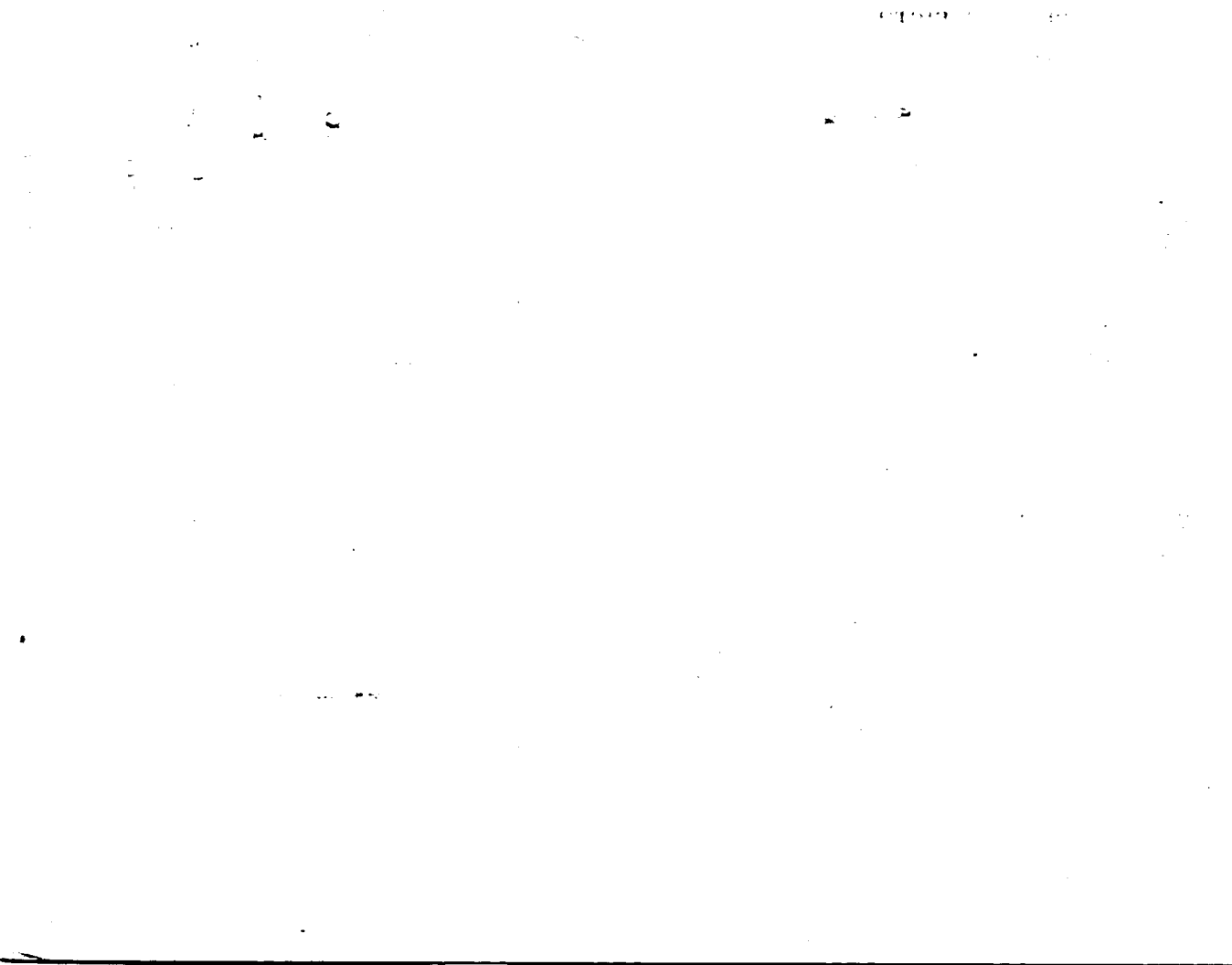
FATHER FULL NAME <u>Rex Miller</u> Residence (Usual place of abode) <u>Gooding Ida.</u> If non-resident, give place and State <u>Idaho</u> Color or race <u>white</u> Age at last Birthday <u>30</u> (Years) Birthplace <u>Idaho</u> City and State or County <u>Idaho</u> Occupation <u>farmer laborer</u>	MOTHER FULL MAIDEN NAME <u>Winnie Bodushaffer</u> Residence (Usual place of abode) <u>Gooding</u> If non-resident, give place and State <u>Idaho</u> Color or race <u>white</u> Age at last Birthday <u>29</u> (Years) Birthplace <u>Iowa</u> City and State or County <u>Iowa</u> Occupation <u>housewife</u>
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1 A. M.
on the date above stated. (Signature) J. H. Cornwell M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Gooding Ida.
Filed 6/30 1932 J. H. Cornwell Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED JUL 17 1932 DO NOT WRITE IN THIS SPACE 79557 State File No.	
County of <u>Gooding</u>		Registration District No. <u>24</u>		Local Registrar's No. <u>90</u>	
City of <u>Gooding</u>		Primary Registration District No.			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Miller</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>w</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>6-5-32</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>Still born</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>					
10. Date deceased last worked at this occupation (month and year) <u>✓</u>					
11. Total time (years) spent in this occupation <u>✓</u>					
12. BIRTHPLACE (city or town) <u>Gooding Ida</u> (State or country) <u>R.F.D.</u>					
13. NAME <u>Rex Miller</u>					
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
15. MAIDEN NAME <u>Thine Bodwhaffer</u>					
16. BIRTHPLACE (city or town) <u>Iowa</u> (State or country)					
17. INFORMANT <u>Thine Miller</u> (Address)					
18. BURIAL, CREMATION OR REMOVAL Place <u>Gooding</u> Date <u>6-7</u> , 1932					
19. UNDERTAKER <u>A. P. Thompson</u> (Address) <u>Gooding Ida</u>					
20. FILED <u>6/30</u> , 1932 <u>J. A. Cronwell</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6-5</u> , 1932					
22. I HEREBY CERTIFY, That I attended deceased from <u>✓</u> , 1932, to <u>✓</u> , 1932.					
I last saw him alive on <u>✓</u> , 1932; death is said to have occurred on the date stated above, at <u>✓</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still born - gestation</u>					
<u>prick 2nd</u>					
<u>Placental - Diabetes Mel.</u>					
<u>of mother</u>					
Other contributory causes of importance:					
Name of operation <u>✓</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1932.					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>✓</u>					
If so, specify <u>✓</u>					
(Signed) <u>J. A. Cronwell</u> , M. D.					
(Address) <u>Gooding Ida</u>					

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

28-226 033855
1. PLACE OF BIRTH
County of Madison
City of Hubbard
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>6-26</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>Whitney M. Squires</u>	FATHER			18. Full maiden name <u>Harriet Stella Hendricks</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Reeburg</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Reeburg</u>			20. Color or race <u>White</u>		
11. Color of <u>White</u>	12. Age at last birthday <u>40</u> (years)			21. Age at last birthday <u>32</u> (years)		
13. Birthplace (city or place) (State or country) <u>Utah</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____			18. Date (month and year) last engaged in this work _____, 19____		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>4</u> (c) Stillborn <u>3</u>						
28. If stillborn, <u>Full term</u> months or weeks						
29. Cause of stillbirth <u>Strangulation Cord</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 P m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John A. Rich, M. D.

or _____ Midwife

Address Reeburg Idaho

Filed 7/2, 1932 W. J. O'Connell Registrar.

Give name added from a supplemental report _____

(DATE OF)

x Whitney M. Squires

Registrar.

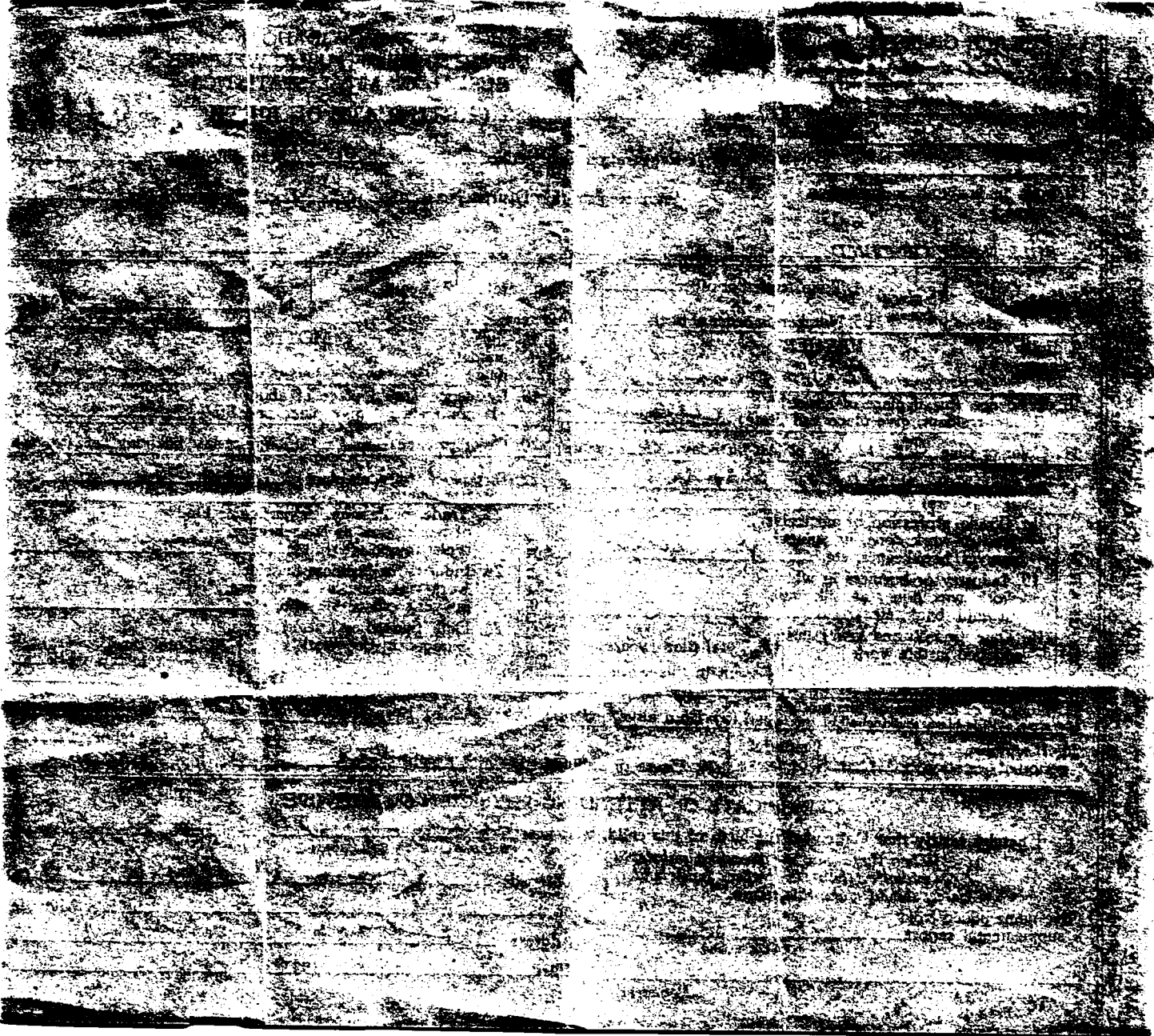
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

204154

Registration District No. 106 State File No. _____

Prim. Registration District No. 2178 Local Registrar's No. 154



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Madison
City of Hubbard

Registration District No. 100

Primary Registration District No. 2178

(No. _____ St.)

State File No. 79611

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Squires

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED OR DIVORCED Baby

(Write the word)

6. DATE OF BIRTH June 26 1932
(Month) (Day) (Year)

7. AGE _____
IF LESS than 1 day how many _____ hrs. or min.?
Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE (State or Country) Hubbard Idaho

10. NAME OF Father Whitney H. Squires

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Harriett Stella Hendricks

13. BIRTHPLACE OF MOTHER (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louie J. Rich
(Address) Rexburg Idaho

15. Filed 6/26 1932 J. P. Young
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-26 1932 to 6-26 1932

that I last saw h. alive 19
and that death occurred on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

strangulation
umbilical Cord
during birth.
(Duration) _____ yrs. _____ mos. 1 ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Louie J. Rich M. D.
6/26 1932 (Address) Rexburg Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 19 _____

20. UNDERTAKER _____ ADDRESS _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Jefferson</u> City of <u>Keokuk</u> No. _____ St. _____ <u>Jones Emergency Hosp.</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 204178 Registration District No. <u>98</u> State File No. _____ Prim. Registration District No. <u>2176</u> Local Registrar's No. <u>137</u>	
2. FULL NAME OF CHILD <u>Stillborn Madison</u>			
3. Sex <u>male</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____
6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 6, 1932</u> (MONTH, DAY, YEAR)	
9. Full name FATHER <u>Chester C. Madison</u>		18. Full maiden name MOTHER <u>Nellie Hodgson</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Tarleton, Ia.</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Tarleton, Ia.</u>	
11. Color or race <u>w</u>	12. Age at last birthday <u>45</u> (years)	20. Color or race <u>w</u>	21. Age at last birthday <u>42</u> (years)
13. Birthplace (city or place) (State or country) <u>Wintrille, Kansas</u>		22. Birthplace (city or place) (State or country) <u>Clarkeburg, Kansas</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>yes</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>			
28. If stillborn, period of gestation <u>8 mo.</u> { months or weeks		29. Cause of stillbirth <u>Illness of mother</u> { Before labor _____ During labor _____	

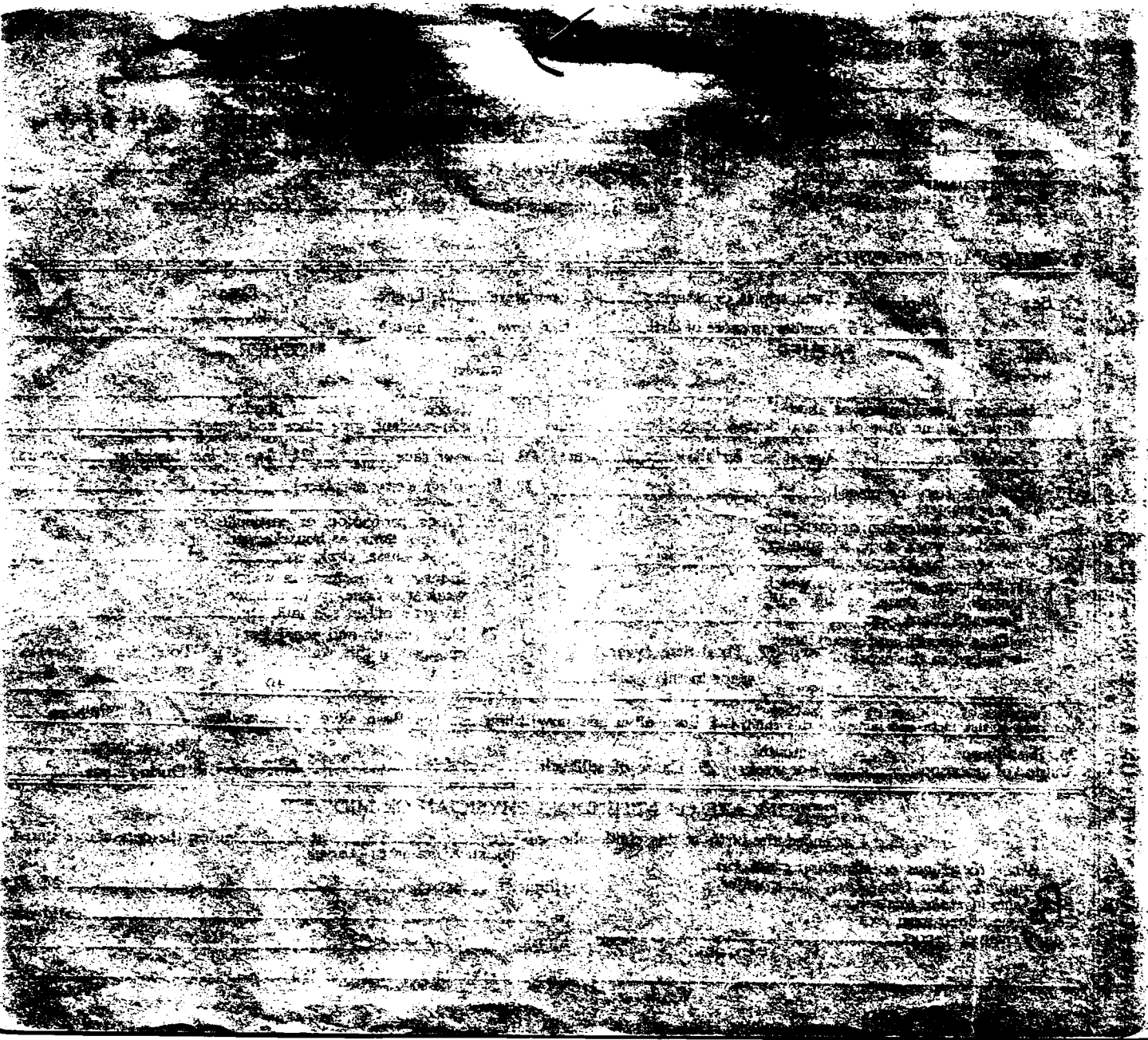
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8:30 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Give name added from _____
a supplemental report _____
(DATE OF) _____

(Signed) Earl Thomas _____, M. D.
or _____, Midwife
Address Polk
Filed JUL 10 1932, 1932 A. B. Becknell
Registrar.



WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

395 219 028 633
1. PLACE OF BIRTH
County of Footenai
City of Coeur d'Alene
No. 412 - Lakeside
Lakeside Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **204190**
Registration District No. 30 State File No. **S**
Prim. Registration District No. 1050 Local Registrar's No. 87

2. FULL NAME OF CHILD

Infant Lindelof

3. Sex <u>I</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>yes</u>	7. Legitimate <u>yes</u>	8. Date of birth <u>6-18</u> , 1932 (MONTH, DAY, YEAR)
9. Full name FATHER <u>Wallace Lindelof</u>				18. Full name MOTHER <u>(Melissa) Emily Ott</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Coeur d'Alene</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Coeur d'Alene</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>27</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>19</u> (years)
13. Birthplace (city or place) (State or country) <u>Washington</u>				22. Birthplace (city or place) (State or country) <u>Coeur d'Alene Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cemetery Super</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
	16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work			

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 9 months or weeks
29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:00 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Harold J. Surges, M. D.
or _____, Midwife

Give name added from a supplemental report _____
(DATE OF)

Address _____
Filed 6-29, 1932 H. J. Surges
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DECEASED

County of BoateCity of C. D. H.STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 30Primary Registration District No. 1650(No. h. u. e. s. d. e. h. a. c. m. t. a. l.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. M. F. A. T. L. i. n. d. e. l. a. f.(a) Residence. No. C. e. n. t. r. a. l. U. S. St. W. a. s. h. i. n. g. t. o. n.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 12 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) June 18-327. AGE Years Months Days If LESS than 1 day, — hrs. or — min.
— — — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho13. NAME Wallace Lindelaf14. BIRTHPLACE (city or town) Washington
(State or country)15. MAIDEN NAME Emily OTT (Amelia)16. BIRTHPLACE (city or town) Coeur d'Alene
(State or country)17. INFORMANT Wallace Lindelaf
(Address) Coeur d'Alene18. BURIAL, CREMATION, OR REMOVAL Forest Cemetery
Place 6-20-32 Date June 18, 193219. UNDERTAKER R. B. M. M. M. M.
(Address) Coeur d'Alene20. FILED 6-29, 1932 H. J. Sturges
Registrar.

DO NOT WRITE IN THIS SPACE

79573

State File No. _____

Local Registrar's No. 84

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-18 1932

22. I HEREBY CERTIFY, That I attended deceased from _____

June 18, 1932, to June 18, 1932I last saw him alive on _____, 1932; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Difficult prolonged laborName of operation Instrument delivery Date of 6-18-32

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Harold J. Sturges, M. D.(Address) Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

MAY 20 2005

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as, *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Larimer
City of Kamiah
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **204222**

Registration District No. 49 State File No. _____

Prim. Registration District No. 2127 Local Registrar's No. _____

2. FULL NAME OF CHILD no name Huggins (Baby)

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other <u>✓</u>	6. Premature <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>5/10</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
5. Number, in order of birth <u>✓</u>			Full term <u>yes</u>		

9. Full name <u>David Huggins</u>	FATHER	18. Full maiden name <u>Selma. A. Adams</u>	MOTHER
--------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kamiah, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kamiah, Ida.</u>
---	---

11. Color or race <u>W.</u>	12. Age at last birthday <u>23</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>20</u> (years)
-----------------------------	--	-----------------------------	--

13. Birthplace (city or place) (State or country) <u>McClellan, Tex.</u>	22. Birthplace (city or place) (State or country) <u>Huntington, Oregon</u>
---	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>✓</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>
	16. Date (month and year) last engaged in this work <u>5/10</u> , 193 <u>2</u>		25. Date (month and year) last engaged in this work <u>5/10</u> , 193 <u>2</u>
	17. Total time (years) spent in this work <u>15 yr</u>		26. Total time (years) spent in this work <u>6</u>

27. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living no (b) Born alive but now dead ✓ (c) Stillborn no

28. If stillborn, period of gestation <u>6 m</u> { months or weeks	29. Cause of stillbirth <u>Dark Knot</u>	Before labor <u>✓</u> During labor <u>✓</u>
--	--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Dead at 1:15 P.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. H. Cooper, M. D.

or Physician and Surgeon Midwife

Address Huggins - Idaho

Filed May 30, 1932 Neil Roberts

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH

1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No.

County of LewisPrimary Registration District No. 2127City of Jersey, Kamiah (No. Ida. St.)

If death occurs away from usual residence, give facts called for under special information.

File No. 19602

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Baby Eugene

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.

(Write the word.)

6. DATE OF BIRTH.

May 5 - 1932
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day
how many hrs. or
min.

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country)

Kamiah, Ida.

10. NAME OF FATHER

David Huggins

11. BIRTHPLACE OF FATHER

(State or Country)

McCalister OK.

12. MAIDEN NAME OF MOTHER

Selma A. Adams

13. BIRTHPLACE OF MOTHER

(State or Country)

Huntington Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

David Huggins

(Address)

Kamiah

15.

Filed

6-25 1932Will Robison
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 10 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

191 to 191
that I last saw h. alive on 191and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Premature Birth(Duration) Yrs. mos. ds.Contributory
(Secondary)(Duration) Yrs. mos. ds.(Signed) G. H. Cooper M. D.June 1932 (Address) Jersey, Ida.

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death....yrs....mos....days In the State....yrs....mos....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Private

DATE OF BURIAL

5-10-1932

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated this: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-*

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka
City of Rupert
No. _____ St. _____

Rupert General
(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 State File No. S
Prim. Registration District No. 2015 Local Registrar's No. 14101
Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Girl</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti- macy _____	Date of birth <u>June 21</u> 193 <u>2</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth. 2 (a) Born alive and now living. 1
Born alive but now dead. 0 Stillborn 1

FATHER		MOTHER	
FULL NAME	RESIDENCE	FULL MAIDEN NAME	RESIDENCE
<u>John Austin Lightfoot</u>	<u>Clayton, Idaho</u>	<u>Viola Noble</u>	<u>Clayton, Idaho</u>
Residence (Usual place of abode)		Residence (Usual place of abode)	
It non-resident, give place and State _____		It non-resident, give place and State _____	
Color or race <u>White</u> Age at last Birthday <u>34</u> (Years)		Color or race <u>White</u> Age at last Birthday <u>26</u> (Years)	
Birthplace <u>Saldier, Idaho</u> (City and State or County)		Birthplace <u>Chicago, Ill.</u> (City and State or County)	
Occupation <u>Merchant</u>		Occupation <u>W. H.</u>	

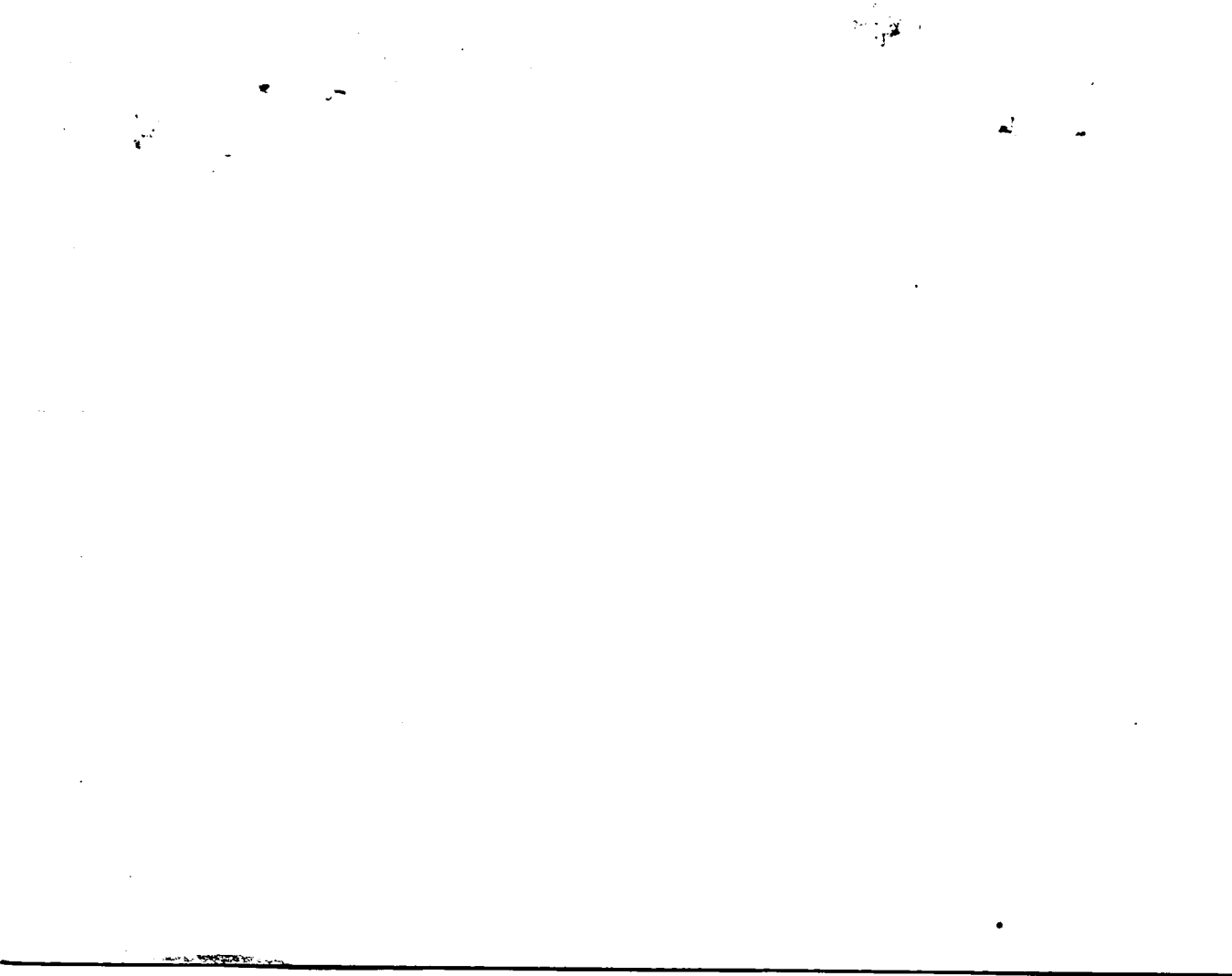
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 6:40 A. M. on the date above stated.

(Signature) Baron Frazier
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Burley, Idaho
Filed 7-2 1932 W. H. Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

79616

State File No.

PLACE OF DEATH

County of *Minidoka*
City of *Rupert*

Registration District No. *19*
Primary Registration District No. *2015*

Local Registrar's No. *25*

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Genette Lightfoot*

(a) Residence, No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single Born*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Idaho*
(State or country)

10. NAME OF FATHER *J. G. Lightfoot*

11. BIRTHPLACE OF FATHER (city or town) *Idaho*
(State or Country)

12. MAIDEN NAME OF MOTHER *Violet Kable*

13. BIRTHPLACE OF MOTHER (city or town) *Idaho*
(State or Country)

14. Informant *J. G. Lightfoot*
(Address) *Clayton Idaho*

15. Filed *7-5-1932* *W. H. Moore*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 4* 19*32*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *June 4*, 19*32*, to *June 4*, 19*32*
that I last saw him alive on *June 4*, 19*32*
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Failure to establish respiratory functions

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Edmund Trozner*, M. D.

19 (Address) *Rupert, Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Rupert Cemetery June 6 1932

20. Undertaker Address

W. H. Goodman Rupert Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR,
 NOT TO THE STATE BOARD OF HEALTH.

201257 S

PLACE OF BIRTH

Washington State Board of Health

Record No. 96

County of Nez Perce

Bureau of Vital Statistics

Registered No. 1009

City or Town of Lewiston, Idaho

CERTIFICATE OF BIRTH

Registration Dist. No.

Place of Birth

St Joseph Hospital, Lewiston

FULL NAME OF CHILD

Unknown

READ

If child is not yet named do not delay filing this certificate. Name will be secured through supplemental report.

Sex of Child Female { Twin, Triplet or other? } one and { Number in order of birth? } 5 Legitimate? yes Date of Birth June 22, 1922 (Month) (Day) (Year)

FATHER
 Full Name Gerald Cowin
 Residence Lewiston
 Color or Race white Age at last Birthday 30 (Years)
 Birthplace (State or Country) Idaho
 Occupation Farmer

MOTHER
 Full Maiden Name Winona Meador
 Residence Lewiston
 Color or Race White Age at last Birthday 23 (Years)
 Birthplace (State or Country) Wash
 Occupation Wife

Number of child of this mother 5th

Number of children, this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive } † and that it occurred on June 22, 1922, at 2 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature)

Edwin Atwood, M.D.
Phys + Surg
 (Physician or Midwife)

Give name added from a supplemental report

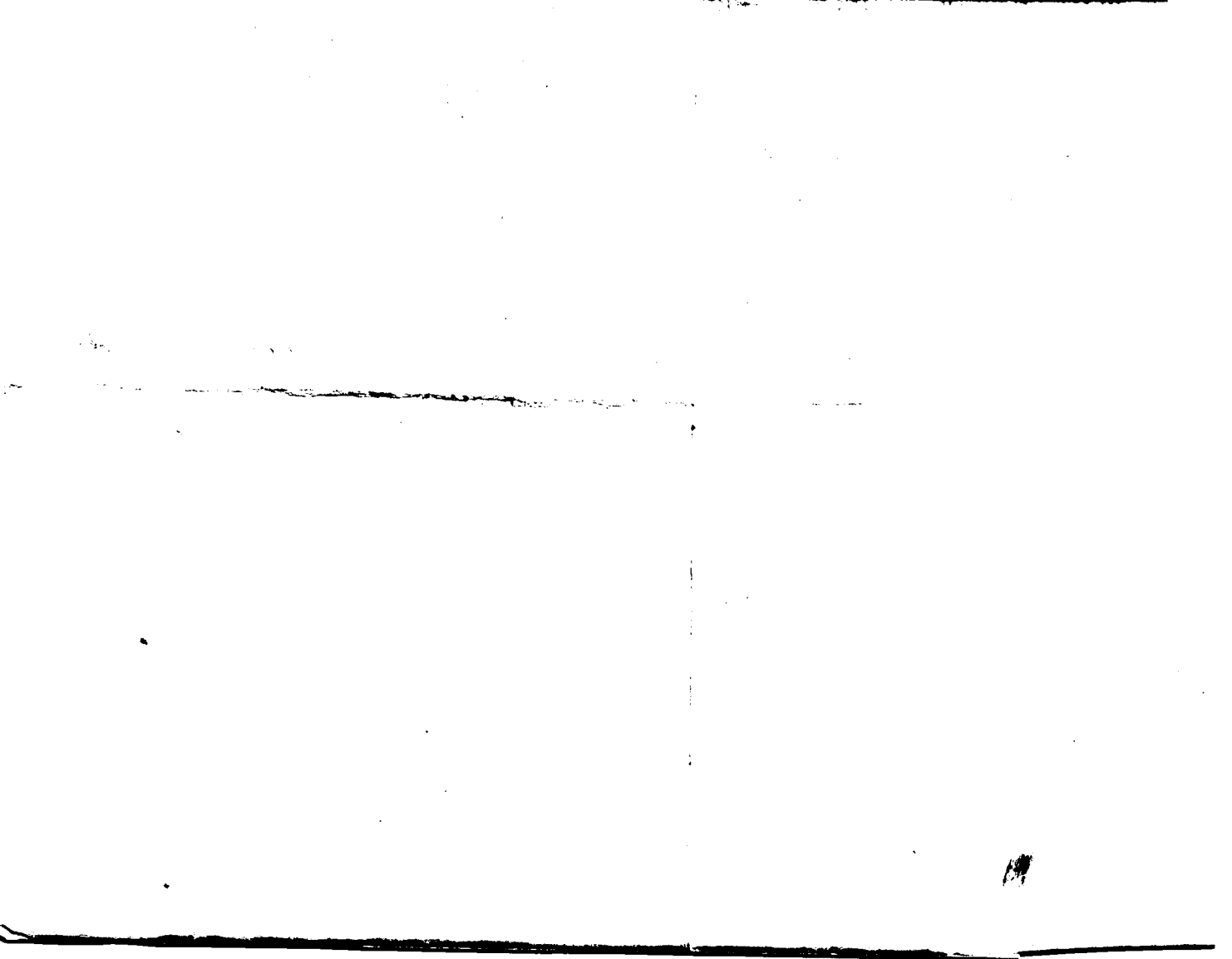
Address

Filed

Lewiston, Idaho
July 8, 1922
J. M. Kyle
 Registrar

Registrar.

† Indicate which by drawing line through superfluous word.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce</u>		City of <u>Lewiston</u>		State File No. <u>79635</u>	
Registration District No. <u>76</u>		Primary Registration District No. <u>1009</u>		Local Registrar's No. <u>206</u>	
(No. <u>St Joseph Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Corwin</u>					
(a) Residence. No. <u>St</u> (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 22nd, 1932</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Lewiston, Idaho.</u> (State or country)					
13. NAME <u>Gerald Corwin</u>					
14. BIRTHPLACE (city or town) <u>Nez Perce, Idaho.</u> (State or country)					
15. MAIDEN NAME <u>Dorothy Meador</u>					
16. BIRTHPLACE (city or town) <u>Cloverland, Washington.</u> (State or country)					
17. INFORMANT <u>Frank Corwin</u> (Address) <u>Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>June 23rd, 1932</u>					
19. UNDERTAKER <u>Brower-Tann Company,</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>6/24</u> , 193 <u>2</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 22nd, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 22nd, 1932</u> , to <u>June 22nd, 1932</u> <u>I last saw him on June 22nd, 1932; death is said to have occurred on the date stated above, at 11:30 m.</u> The principal cause of death and related causes of importance were as follows: <u>I saw Mrs. G. Corwin about 12 a.m. June 22-1932. The child was not born at the place, but was dead in it then.</u> Other contributory causes of importance: <u>Cause of death not known.</u>					
Name of operation <u>none</u> Date of <u>June 22nd, 1932</u>					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>none</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>not known</u> Date of injury <u>June 22nd, 1932</u> Where did injury occur? <u>not known</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>none</u> Manner of injury <u>none</u> Nature of injury <u>none</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>none</u> (Signed) <u>Wm. H. Brown, M.D.</u> (Address) <u>Clarkston, Washington.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

795-29 0359.8
1. PLACE OF BIRTH
County of Nez Perce
City of Lapwai Idaho
No. _____ St. _____

RECEIVED JUL 14 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 204264

Registration District No. 128 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Josephine Green

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 6-19-32
(MONTH, DAY, YEAR)

9. Full name FATHER Joseph Green
10. Residence (usual place of abode) Lapwai Idaho
(If non-resident, give place and State) _____
11. Color or race Indian 12. Age at last birthday 39 (years)
13. Birthplace (city or place) Idaho
(State or country) _____

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Cecilia Raymond
19. Residence (usual place of abode) Lapwai Idaho
(If non-resident, give place and state) _____
20. Color or race Indian 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Idaho
(State or country) _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 2
28. If stillborn, period of gestation 6 1/2 months as usual 29. Cause of stillbirth Probably Lues Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:00 P.M. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF)

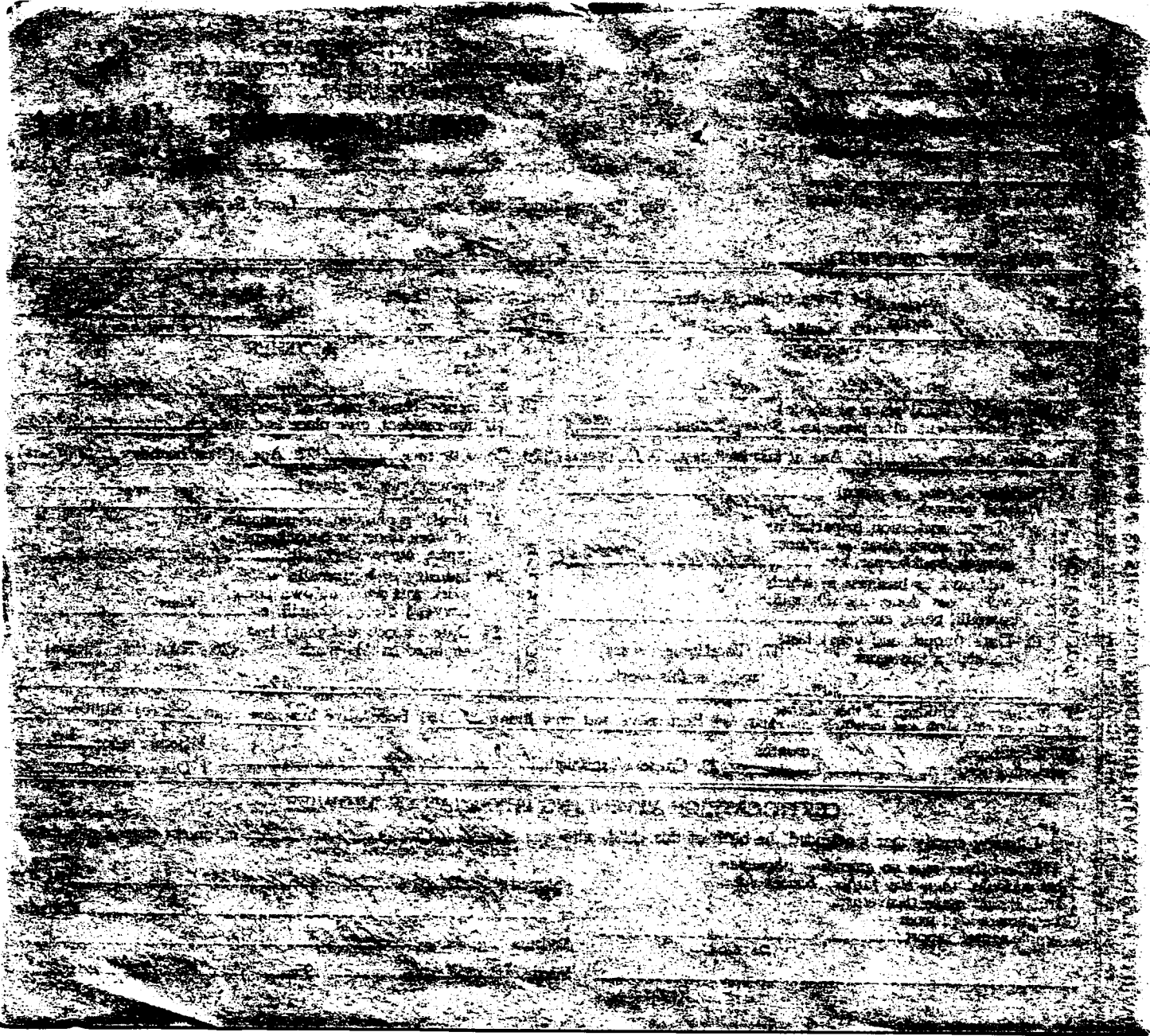
(Signed) George Gaymard, M. D.

or _____, Midwife

Address Caldwell Idaho

Filed June, 1932 George Gaymard Registrar

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
PLACE OF DEATH		DO NOT WRITE IN THIS SPACE			
County of <i>Nez Perce</i>		State File No. <i>79634</i>			
City of <i>Lafwai Idaho</i>		Registration District No. <i>128</i>			
Primary Registration District No.		Local Registrar's No.			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Josephine Green</i>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Female</i>	4. COLOR OR RACE <i>Indian 4/4</i>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <i>Lafwai Idaho</i> (State or country)					
MOTHER FATHER	13. NAME <i>Joseph Green</i>				
	14. BIRTHPLACE (city or town) <i>Idaho</i> (State or country)				
	15. MAIDEN NAME <i>Cecilia Raymond</i>				
	16. BIRTHPLACE (city or town) <i>Idaho</i> (State or country)				
17. INFORMANT <i>Joseph Green</i> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Lafwai Idaho</i> Date <i>6-20-</i> , 193 <i>2</i>					
19. UNDERTAKER (Address)					
20. FILED <i>June 2</i> , 193 <i>2</i> <i>George Gaumnard</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>June 19</i> , 193 <i>2</i>					
22. I HEREBY CERTIFY, That I attended deceased from, 193....., to I last saw h..... alive on to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <i>Stillbirth</i> Other contributory causes of importance:					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>George Gaumnard</i> M. D. (Address) <i>Caldwell Idaho</i>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

238 203 035 249

1. PLACE OF BIRTH

County of Myer
City of Bozeman

No. St. Joseph's
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

204294

Registration District No. 96 State File No. S

Prim. Registration District No. 1009 Local Registrar's No. _____

2. FULL NAME OF CHILD

Baronnet Schlee

3. Sex M 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth June 3, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Adam J. Schlee 18. Full maiden name MOTHER E. Anna Lurbeck

10. Residence (usual place of abode) (If non-resident, give place and State) Bozeman, Montana 19. Residence (usual place of abode) (If non-resident, give place and State) Washington

11. Color or race W 12. Age at last birthday 42 (years) 20. Color or race W 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or country) Washington 22. Birthplace (city or place) (State or country) Washington

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work June, 1932 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work June, 1932 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 4 (c) Stillborn yes

28. If stillborn, period of gestation 9 mo { months or weeks } 29. Cause of stillbirth Difficult Del. { Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead at 9:30 a.m. on the date above stated (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) J. M. Lyle, M. D.

Give name added from a supplemental report _____

or _____, Midwife

Address Bozeman, Idaho

Filed July 1, 1932 J. M. Lyle Registrar.

Registrar.

DECLASSIFICATION AUTHORITY

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of Nezperce		City of Lewiston		Registration District No. 94		Primary Registration District No. 1009		State File No. 79627	
(No.)		(If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No.					
2. FULL NAME Schlee		St.							
(a) Residence. No.		(If nonresident give city or town and state)							
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word)							
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of									
6. DATE OF BIRTH (month, day, and year)									
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
Still born									
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (month and year)									
11. Total time (years) spent in this occupation									
12. BIRTHPLACE (city or town) Lewiston (State or country) Ida.									
13. NAME Adam Schlee									
14. BIRTHPLACE (city or town) Uniontown (State or country) Wn.									
15. MAIDEN NAME Edna Surbeck									
16. BIRTHPLACE (city or town) Walla Walla (State or country) Wn.									
17. INFORMANT Adam J. Schlee (Address) Clarkston, Wash.									
18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Ida. Date 6/13, 1922									
19. UNDERTAKER H. R. Merchant (Address) Clarkston, Wn.									
20. FILED July 1, 1932									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) June 13, 1932									
22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932 , to June 13, 1932									
I last saw him on June 13, 1932 ; death is said to have occurred on the date stated above, at m.									
The principal cause of death and related causes of importance were as follows:									
Stillborn									
Other contributory causes of importance:									
Name of operation none Date of									
What test confirmed diagnosis? Was there an autopsy?									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? Date of injury, 1932									
Where did injury occur? (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased?									
If so, specify									
(Signed) J. M. Kyle M.D.									
(Address) Lewiston, Ida.									

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

381 203035-234

1. PLACE OF BIRTH

County of Mez. Beece

City of Lewiston

No. _____ St. _____

White Hospital

(If born in hospital or institution give name.)

RECEIVED JUL 8 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 204295

Registration District No. 96 State File No. _____

Prim. Registration District No. 1009 Local Registrar's No. _____

2. FULL NAME OF CHILD Elizabeth Chapman

3. Sex 7 If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 6-2, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Charles Henry Chapman 18. Full maiden name MOTHER Myrtle Beatrice Stuart

10. Residence (usual place of abode) Lewiston (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) Lewiston (If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 53 (years) 20. Color or race W 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Liverpool (State or country) England 22. Birthplace (city or place) American Fork Utah (State or country) _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 20 25. Date (month and year) last engaged in this work Present time 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn _____

28. If stillborn, period of gestation full { months _____ or weeks _____ 29. Cause of stillbirth rupture of amniotic sac 6 days before birth Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 3:45 P. m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. L. White, M. D.

or _____, Midwife

Give name added from a supplemental report _____

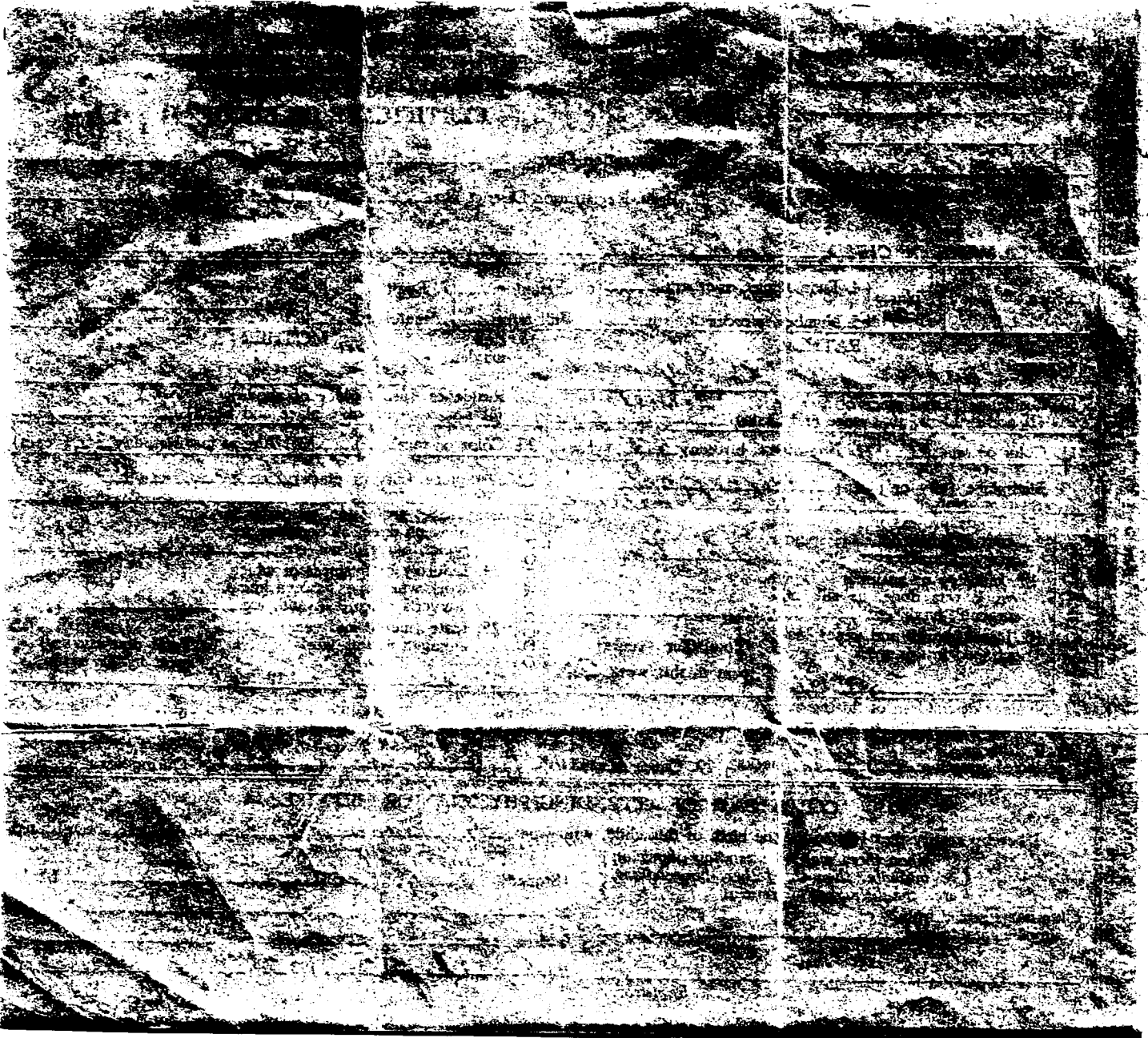
Address Law. Ida

Filed July 5, 1932 J. M. Lyle

(DATE OF)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		State File No. <u>79623</u>	
CERTIFICATE OF DEATH					
PLACE OF DEATH County of <u>Nez Perce.</u>		Registration District No.		Local Registrar's No.	
City of <u>Lewiston.</u>		Primary Registration District No.			
(No. <u>Whites Hospital.</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Elizabeth Chapman.</u>					
(a) Residence. No.		St.			
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 3rd, 1932.</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Lewiston, Idaho.</u> (State or country)					
MOTHER FATHER					
13. NAME <u>C. H. Chapman.</u>					
14. BIRTHPLACE (city or town) <u>Liverpool, England.</u> (State or country)					
15. MAIDEN NAME <u>Myrtle B. Stewart.</u>					
16. BIRTHPLACE (city or town) <u>American Fork, Utah.</u> (State or country)					
17. INFORMANT <u>C. H. Chapman.</u> (Address) <u>Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>June 6th, 1932.</u>					
19. UNDERTAKER <u>Brower-Wann Company.</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>July 1, 1932</u> <u>J. M. Lyle</u> Registrar (Address) <u>Lewiston, Idaho.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 3rd, 1932.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 3, 1932</u> to <u>June 3rd, 1932</u> last saw him <u>Still born</u> , 1932; death is said to have occurred on the date stated above, at <u>10</u> m. The principal cause of death and related causes of importance were as follows: <u>Ruptured umbilical sac and uterine infection.</u> Date of onset <u>May 30th</u>					
Other contributory causes of importance:					
Name of operation <u>Cardinal Symphysiotomy</u> Date of <u>2nd</u>					
What test confirmed diagnosis <u>Cardinal Symphysiotomy</u> Was there an autopsy <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1932 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>P. L. White</u> (Signed) <u>P. L. White</u> , M. D. (Address) <u>Lewiston, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

799 226 038 845
1. PLACE OF BIRTH
County of Payette
City of Fruitland
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
Registration District No. 4 State File No. _____
Prim. Registration District No. 1008 Local Registrar's No. 63

2. FULL NAME OF CHILD Stillborn Privett

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other _____	6. Premature <input checked="" type="checkbox"/>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>June 26, 1932</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name of FATHER <u>Floyd Privett</u>	18. Full maiden name of MOTHER <u>Emma Hunter</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Fruitland, Id.</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Fruitland, Id.</u>

11. Color or race <u>W</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>23</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>Oklahoma</u>	22. Birthplace (city or place) (State or country) <u>Utah</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>June 1932</u>		25. Date (month and year) last engaged in this work <u>June 1932</u>
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work <u>6</u>

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 3

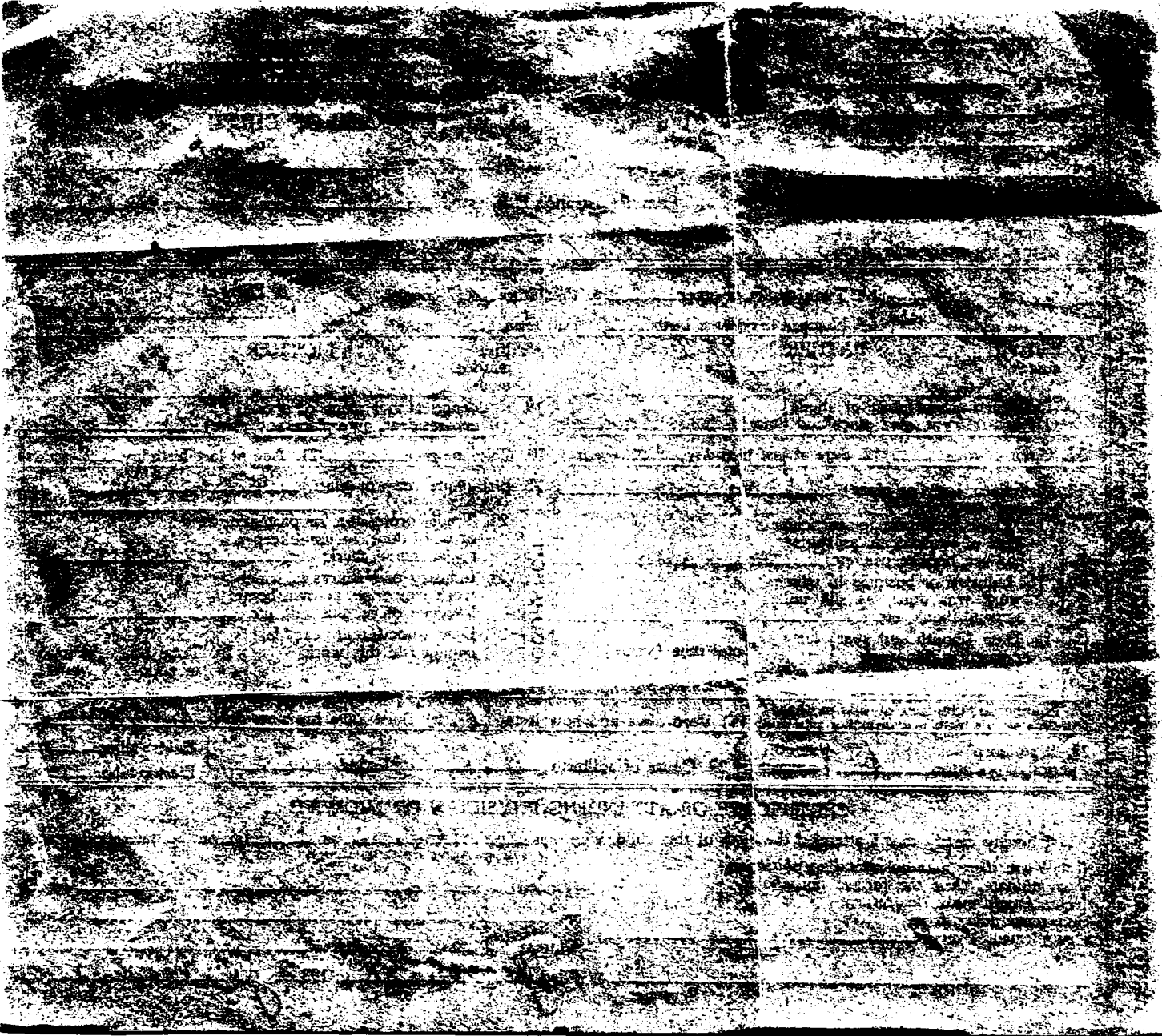
28. If stillborn, period of gestation 6 { months as stated } 29. Cause of stillbirth Not known { Before labor Yes }
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) G. E. Paxton M. D.
or _____ Midwife
Address Fruitland, Idaho
Filed June 30, 1932 J. C. Woodward Registrar.

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }
Give name added from _____
a supplemental report _____
(DATE OF)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Payette</u>	City of <u>Fruitland</u>	Registration District No. <u>5</u>	Primary Registration District No. <u>1008</u>	State File No. <u>79864</u>	Local Registrar's No. <u>31</u>
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn Privett</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, 7. hrs. or 0 min.	
0	0	0	0		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Fruitland</u>					
MOTHER					
13. NAME <u>Floyd Privett</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Oklahoma</u>					
15. MAIDEN NAME <u>Emma Hunter</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
17. INFORMANT (Address) <u>Floyd Privett</u> <u>Fruitland Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193					
19. UNDERTAKER (Address) _____					
20. FILED <u>June 30 1932</u> <u>J. C. Woodward</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 26 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193.					
I last saw h. _____ alive on _____, 193; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn Child</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____ M. D.					
(Signed) <u>C. C. Paxton</u> <u>Fruitland Idaho</u> (Address)					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

593-206039 133
1. PLACE OF BIRTH

County of Pomeroy
City Elm. Falls Idaho
No. _____ St. _____

Bethany
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 204334
CERTIFICATE OF BIRTH

Registration District No. 25 State File No. S

Prim. Registration District No. 2072 Local Registrar's No. 33

2. FULL NAME OF CHILD Laura June Nickerson

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>June 6, 1932</u> (MONTH, DAY, YEAR)
5. Number, in order of birth		Full term			

9. Full name <u>Charlie Nickerson, Jr.</u>	FATHER	18. Full maiden name <u>Loretta Allen</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Elm. Falls Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Elm. Falls Idaho</u>	

11. Color or race <u>white</u> . Age at last birthday <u>28</u> (years)	20. Color or race <u>white</u> . Age at last birthday <u>25</u> (years)
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13. Birthplace (city or place) (State or country) <u>Idaho</u>	22. Birthplace (city or place) (State or country) <u>Idaho</u>
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
	17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. Number of children of this mother 2
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation _____ months or weeks	29. Cause of stillbirth <u>Premature</u>	Before labor _____	During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 p.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) N. H. Long, M. D.

or _____, Midwife

Address _____

Filed July 6, 1932 Greenlee North

Registrar.

Registrar.

STATE OF NEW YORK

Department of Health

Birth Record No. _____

NAME OF CHILD

First Name _____

Full Name _____

Sex _____

Birth Date _____

Birth Time _____

Place of Birth _____

City or Town _____

County _____

Occupation of Father _____

Occupation of Mother _____

Married _____

Signature of Physician _____

Signature of Midwife _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

RECEIVED

RECEIVED

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that _____

was born _____

at _____

on _____

at _____

in _____

at _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Power</u>		City of <u>American Falls</u>		Registration District No. <u>25</u>		Primary Registration District No. <u>2072</u>		State File No. <u>79869</u>	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>15</u>					
2. FULL NAME <u>Laura June Nickerson</u>		St. _____		(If nonresident give city or town and state)					
(a) Residence. No. _____		(Usual place of abode)		Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>							
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____									
6. DATE OF BIRTH (month, day, and year) <u>June 6, 1932</u>									
7. AGE <u>0</u> Years	<u>0</u> Months	<u>0</u> Days	If LESS than 1 day, hrs. or min.						
OCCUPATION									
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (month and year)					11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>American Falls, Idaho</u>									
FATHER									
13. NAME <u>Charlie Nickerson Jr.</u>									
14. BIRTHPLACE (city or town) (State or country) <u>Victor, Idaho</u>									
MOTHER									
15. MAIDEN NAME <u>Loratta Allen</u>									
16. BIRTHPLACE (city or town) (State or country) <u>Hagerman, Idaho</u>									
17. INFORMANT <u>Charlie Nickerson Jr.</u> (Address)									
18. BURIAL, CREMATION, OR REMOVAL Place <u>American Falls</u> Date <u>June 7, 1932</u>									
19. UNDERTAKER <u>W. J. Davis</u> (Address) <u>American Falls, Idaho</u>									
20. FILED <u>June 7, 1932</u> <u>G. M. Nott</u> Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <u>June 6, 1932</u>									
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.									
I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.									
The principal cause of death and related causes of importance were as follows: <u>Stillborn (Premature)</u>									
Date of onset _____									
Other contributory causes of importance:									
Name of operation _____ Date of _____									
What test confirmed diagnosis? _____ Was there an autopsy? _____									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? _____ Date of injury _____, 193____.									
Where did injury occur? _____ (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place. _____									
Manner of injury _____									
Nature of injury _____									
24. Was disease or injury in any way related to occupation of deceased? _____									
If so, specify _____									
(Signed) <u>V. J. Logan</u> , M. D.									
(Address) _____									

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

2431297040731

1. PLACE OF BIRTH

County of Shoshone
City of Wardner
No. _____ St. _____

(If born in hospital or institution give name.)

RECEIVED JUL 6 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
204346
S

Registration District No. 123 State File No. _____

Prim. Registration District No. 2201 Local Registrar's No. 12

2. FULL NAME OF CHILD Baby Boy Butler

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>June 29</u> , 1932 (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name <u>Butler, Denzil</u>	FATHER	18. Full maiden name <u>Evans, Gladys</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wardner</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Wardner</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>19</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>16</u> (years)
13. Birthplace (city or place) (State or country) <u>Pittsburg, Kansas</u>		22. Birthplace (city or place) (State or country) <u>Calumet, Alberta, Canada</u>	

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn yes

28. If stillborn, period of gestation { months _____ or weeks _____ } 29. Cause of stillbirth Difficult labor { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 11:55 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

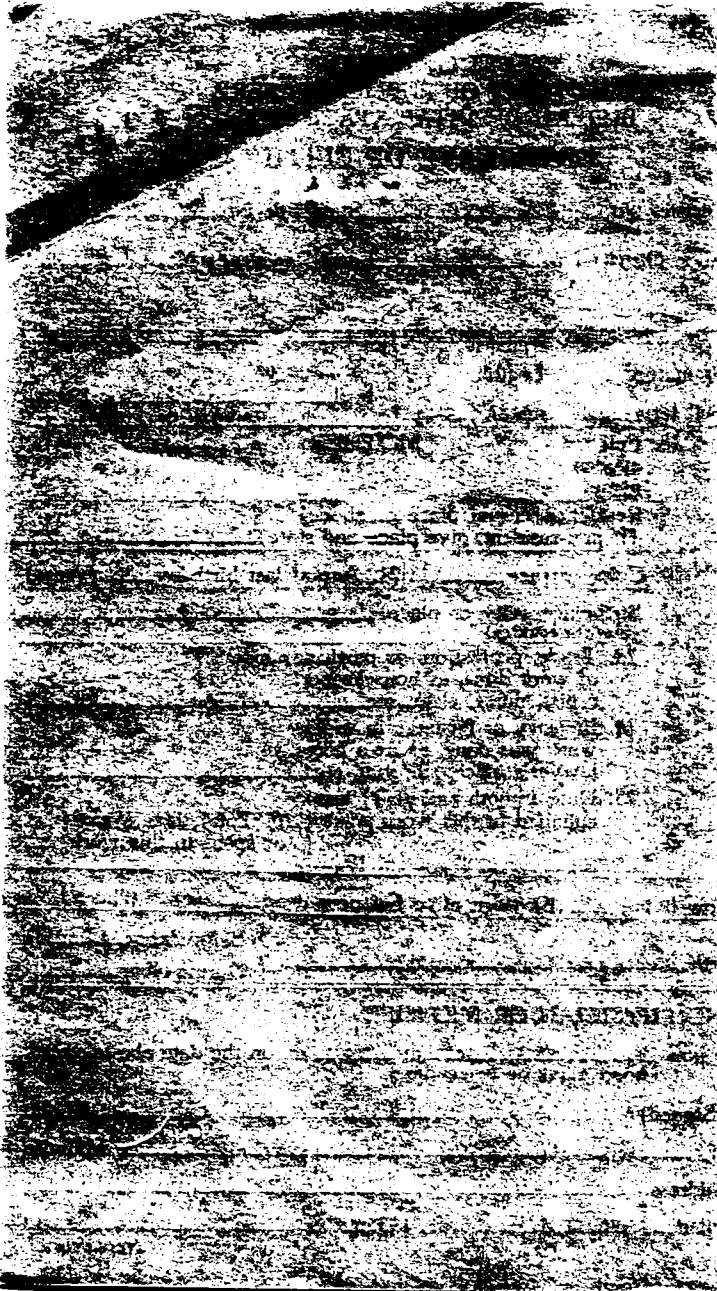
Give name added from a supplemental report _____ (DATE OF) _____

Registrar. _____

(Signed) Harold T. Anderson, M. D.
or _____, Midwife

Address _____

Filed July 1, 1932 Miss Helen M. Brice
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1932

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City of <u>Kellogg</u>	Registration District No. <u>123</u>	Primary Registration District No. <u>229</u>	State File No. <u>79873</u>	Local Registrar's No. <u>42</u>
(If death occurred in a hospital or institution give its name instead of street and number.) <u>706</u>					
2. FULL NAME <u>Lickey B. Butler</u>					
(a) Residence. No. <u>405</u> St. <u>Main</u> <u>Madison</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>1932</u>	<u>June</u>	<u>29</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Kellogg Idaho</u>					
FATHER	13. NAME <u>E. H. Butler</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>				
MOTHER	15. MAIDEN NAME <u>E. Lydes Evans</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Canada</u>				
17. INFORMANT <u>D. H. Butler</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kellogg Idaho</u> Date <u>June 29 1932</u>					
19. UNDERTAKER <u>A. B. Thornhill</u> (Address) <u>Kellogg, Ida.</u>					
20. FILED <u>July 1</u> , 1932 <u>Mrs. Helen D. Butler</u> Registrar. (Address) <u>Kellogg, Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 29 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 29</u> , 1932, to <u>June 29</u> , 1932.					
I last saw him alive on <u>June 29</u> , 1932; death is said to have occurred on the date stated above, at <u>1:50 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Still born full term fetus</u>					
Date of onset					
<u>Club-foot, bilateral</u> <u>Spina bifida occulta</u>					
Other contributory causes of importance: <u>Difficult labor, Accipuh</u> <u>protrusion, Rotation</u> <u>with forceps and delivery</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1932.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Harold T. Anderson</u> M. D.					
(Address) <u>Kellogg, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

244-121042-255
1. PLACE OF BIRTH

County of Twin Falls
City of Kimberly
No. _____ St. home

(If born in hospital or institution give name.)

RECEIVED JUL 12 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 204411

Registration District No. 37 State File No. _____
Prim. Registration District No. 2584 Local Registrar's No. 237

2. FULL NAME OF CHILD Dwain Clyde Sudweeks

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 21, 1932</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>FATHER</u> <u>Leslie L. Sudweeks,</u>	18. Full maiden name <u>MOTHER</u> <u>Rinda Bentley,</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kimberly, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Kimberly, Idaho</u>
11. Color or race <u>white</u>	20. Color or race <u>white</u>
12. Age at last birthday <u>28</u> (years)	21. Age at last birthday <u>21</u> (years)

13. Birthplace (city or place) (State or country) <u>Utah</u>	22. Birthplace (city or place) (State or country) <u>Mexico</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks { 29. Cause of stillbirth Maternal dystocia { Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 5:30 on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) Joseph Nelson Davis, M. D.
or Physician _____, Midwife
Address Kimberly, Idaho.
Filed 7/5, 1932 Elizabeth J. Smith
Registrar.



RECEIVED JUL 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79889

PLACE OF DEATH

County of Lincoln
City of Kimberly

Registration District No. 37
Primary Registration District No. 2081

Local Registrar's No. 117

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Ludweeks

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) -

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day and year) June - 21 - 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min. Stillborn

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work -
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer -

9. BIRTHPLACE (city or town) Kimberly Idaho
(State or country)

10. NAME OF FATHER Leslie L. Ludweeks

11. BIRTHPLACE OF FATHER (city or town) Springville
(State or Country) Utah

12. MAIDEN NAME OF MOTHER Bessie Bently

13. BIRTHPLACE OF MOTHER (city or town) Clonia
(State or Country) Idaho

14. Informant Leslie L. Ludweeks
(Address)

15. Filed 6/22, 1932 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June - 21, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1932, to June 21, 1932
that I last saw h. alive on Stillborn, 19____
and that death occurred, on the date stated above at ____ m.
The CAUSE OF DEATH* was as follows:

maternal dystocia
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? no Date of ____
Was there an autopsy? no
What test confirmed diagnosis? -

(Signed) J. Davis, M. D.
June 21, 1932 (Address) Kimberly Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lincoln Falls Cemetery Date of Burial 6/21, 1932

20. Undertaker None, Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

83 118 004 294

RECEIVED AUG 10 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 204480
CERTIFICATE OF BIRTH S

1. PLACE OF BIRTH
County of Ada
City of Boise

No. St. Luke's Hospital St.
(If born in hospital or institution
give name.)

Registration District No. 2 State File No. _____
Prim. Registration District No. 1004 Local Registrar's No. 317

2. FULL NAME OF CHILD Infant Tackrell

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth June 18, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER J. H. Tackrell
10. Residence (usual place of abode) Boise
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 17 (years)
13. Birthplace (city or place) Idaho
(State or country)

18. Full maiden name MOTHER Fannie Briggs
19. Residence (usual place of abode) Idaho
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 36 (years)
22. Birthplace (city or place) Boise, Idaho
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
_____, 19____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
_____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn 1
28. If stillborn, period of gestation 9 { months or weeks } 29. Cause of stillbirth Pre-mature separation of placenta
Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Oscar T. Nohra, M. D.

Give name added from a supplemental report _____ (DATE OF) _____

or _____ Midwife
Address 122 Eastman Bldg.
Filed 7-6 1932 W. H. Rhode

Registrar.

Registrar.

FEB 2 1966

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1932

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

79689

State File No.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 177
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Fackrell.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single,

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Born.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

13. NAME J. H. Fackrell.

14. BIRTHPLACE (city or town) Orderville.
(State or country) Utah.

15. MAIDEN NAME Fannie Bruno.

16. BIRTHPLACE (city or town) Boise
(State or country) Idaho.

17. INFORMANT J. H. Fackrell.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date June 21

19. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.

20. FILED 6-20, W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from

June 18, 1932, to June 18, 1932.

last saw him no, 1932: death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

Still Born.

Other contributory causes of importance:

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 10 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 204484

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St Alphonsus St.
(If born in hospital or institution give name.)

Registration District No. 2 State File No. -
Prim. Registration District No. 1004 Local Registrar's No. 312

2. FULL NAME OF CHILD Carol Ann Creek (Stillbirth)

3. Sex Female If plural births { 4. Twin, triplet, or other ----- 5. Number, in order of birth -----
6. Premature ----- Full term yes 7. Legitimate? yes 8. Date of birth 6-25-1932 (MONTH, DAY, YEAR)

9. Full name FATHER Charles Walter Creek
10. Residence (usual place of abode) 607 Jeff St.
(If non-resident, give place and State) Boise Idaho
11. Color or race W 12. Age at last birthday 25 (years)
13. Birthplace (city or place) Boise Idaho
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
Musician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dance orchestra
16. Date (month and year) last engaged in this work At present, 1932
17. Total time (years) spent in this work -----

18. Full maiden name MOTHER Sylvia Helen Titmus
19. Residence (usual place of abode) 607 Jefferson St.
(If non-resident, give place and State) Boise Idaho
20. Color or race W 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Eaton, Col
(State or country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Bookkeeper
Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work At present, 1932
26. Total time (years) spent in this work -----

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 9 { months or weeks around neck Before labor -----
29. Cause of stillbirth unknown Cord 3 times During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 11:55 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) T. M. Brastay, M. D.

Give name added from a supplemental report -----
(DATE OF) -----

or -----, Midwife

Address Boise Idaho
Filed 7-2, 1932 W.H. Phelan

Registrar.

Registrar.

SECRET

1000

[illegible]

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		Bureau of Vital Statistics		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. <u>79690</u>	
City of <u>Boise</u>		Registration District No. <u>2</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>186</u>	
(No. <u>St. Alphonsus Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Creek, (Stillborn)</u>							
(a) Residence. No. <u>1607</u> , <u>Jefferson Street</u> , <u>St.</u>		(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>June 25, 1932</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from <u>June 25, 1932</u> , to <u>June 25, 1932</u> I last saw him <u>never alive</u> , 1932; death is said to have occurred on the date stated above, at <u>m.</u>			
6. DATE OF BIRTH (month, day, and year) <u>June, 25, 1932</u>				The principal cause of death and related causes of importance were as follows: <u>Possible Cerebral Hemorrhage due to rapid labor.</u> <u>Still Born</u>			
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.		Date of onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Boise, Idaho</u> (State or country)							
FATHER	13. NAME <u>Charles W. Creek</u>						
	14. BIRTHPLACE (city or town) <u>Boise, Idaho</u> (State or country)						
	15. MAIDEN NAME <u>Sylvia Titmus</u>						
MOTHER	16. BIRTHPLACE (city or town) <u>Colorado</u> (State or country)						
	17. INFORMANT <u>Charles W. Creek</u> (Address) <u>1607 Jefferson Str. Boise</u>						
18. BURIAL, CREMATION, OR REMOVAL <u>Morriss Hill Cemetery, Boise, June 26, 1932</u>							
19. UNDERTAKER <u>Summers & Krebs</u> (Address) <u>Boise, Idaho</u>							
20. FILED <u>6-27, 1932</u> <u>W. H. Rhodes</u> Registrar				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 1932 Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>None</u> Nature of injury <u>None</u> 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>None</u>			
				(Signed) <u>J. M. Drayton</u> M. D. (Address) <u>Boise, Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham
City of Thomas Precinct,
No. P.O. Blackfoot, St.
Route 2.

(If born in hospital or institution give name.)

Registration District No. 121

State File No. S

Prim. Registration District No. 2194

Local Registrar's No. 247

2. FULL NAME OF CHILD

Unnamed Campbell.

3. Sex
Male

If plural
births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term Yes

7. Legiti-

mate? Yes

8. Date of
birth

July 14, 1932

(MONTH, DAY, YEAR)

9. Full
name

FATHER

Arnold Campbell.

18. Full
maiden
name

MOTHER

Catherine Jones.

10. Residence (usual place of abode)
(If non-resident, give place and State)

Thomas P.

19. Residence (usual place of abode)

(If non-resident, give place and State) Thomas P.

11. Color or race W

12. Age at last birthday 28 (years)

20. Color or race W

21. Age at last birthday 24 (years)

13. Birthplace (city or place)
(State or country)

Idaho

22. Birthplace (city or place)
(State or country)

Idaho

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farm laborer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

Farming

16. Date (month and year) last
engaged in this work
Present time

19

17. Total time (years)
spent in this work

OCCUPATION

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.

Housewife

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

Home

25. Date (month and year) last
engaged in this work

Present time

26. Total time (years)
spent in this work

27. Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2

28. If stillborn,
period of gestation

months
or weeks

29. Cause of stillbirth

Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 A. on the date above stated.

(BORN ALIVE OR STILLBORN)

When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed)

M. B. Patricia

M. D.

or

Midwife

Give name added from
a supplemental report

(DATE OF)

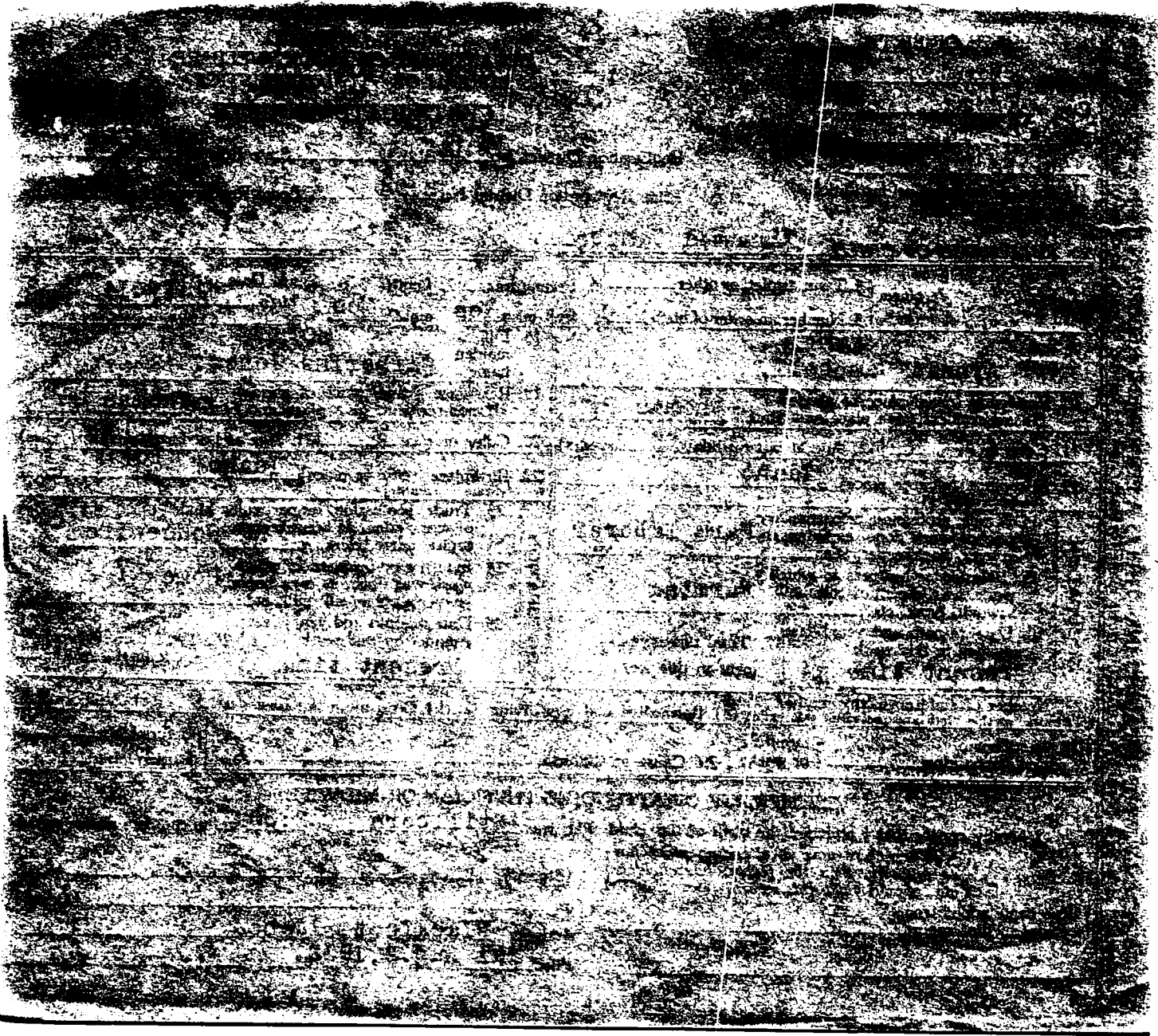
Address Blackfoot, Idaho

Filed Aug. 2, 1932

M. B. Patricia

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

79998

State File No.

PLACE OF DEATH

County of Bingham
City of Thomas

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 106

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unnamed Earn Still

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 14, 1932

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

Bingham Co. Ida.

10. NAME OF FATHER

Arnold Earn Still

11. BIRTHPLACE OF FATHER (city or town)

Payson, Idaho

12. MAIDEN NAME OF MOTHER

Estherine Jones

13. BIRTHPLACE OF MOTHER (city or town)

Payson - Idaho

14. Informant (Address)

Charles E. Jones

15. Filed

July 14, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 14, 1932

17. I HEREBY CERTIFY, That I attended deceased from

July 14, 1932, to July 14, 1932

that I last saw him at Stillborn 19: 2:30 a

and that death occurred, on the date stated above, at 2:30 a

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stillborn - dead in uterus 10 days, cause unknown, placenta full term.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. E. Jones M. D.

July 14, 1932 (Address) Blackfoot

19. Place of Burial, Cremation, or Removal

Thomas Burial Co. Blackfoot

Date of Burial

20. Undertaker acting

Address

Blackfoot

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fl. Hall Reservation.

City of Ft. Hall, Idaho.

No. _____ St.

Agency Hospital.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

204601

Registration District No. 121-R

State File No. S

Prim. Registration District No. 2194-R

Local Registrar's No. 300

2. FULL NAME OF CHILD Baby Weiser. (No name) Stillborn.

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimacy _____ 8. Date of birth June 13 1932
5. Number, in order of birth _____ Full term Yes mate? Yes (MONTH, DAY, YEAR)

9. Full name FATHER
Luke Weiser

10. Residence (usual place of abode) Ft. Hall Res.
(If non-resident, give place and State)

11. Color or race Shoshone Ind. 4/4 12. Age at last birthday 35 (years)

13. Birthplace (city or place) Ft. Hall Res.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

16. Date (month and year) last engaged in this work Present time 19 19 17. Total time (years) spent in this work 15

27. Number of children of this mother 1
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:20 on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) C. F. Ball M. D.

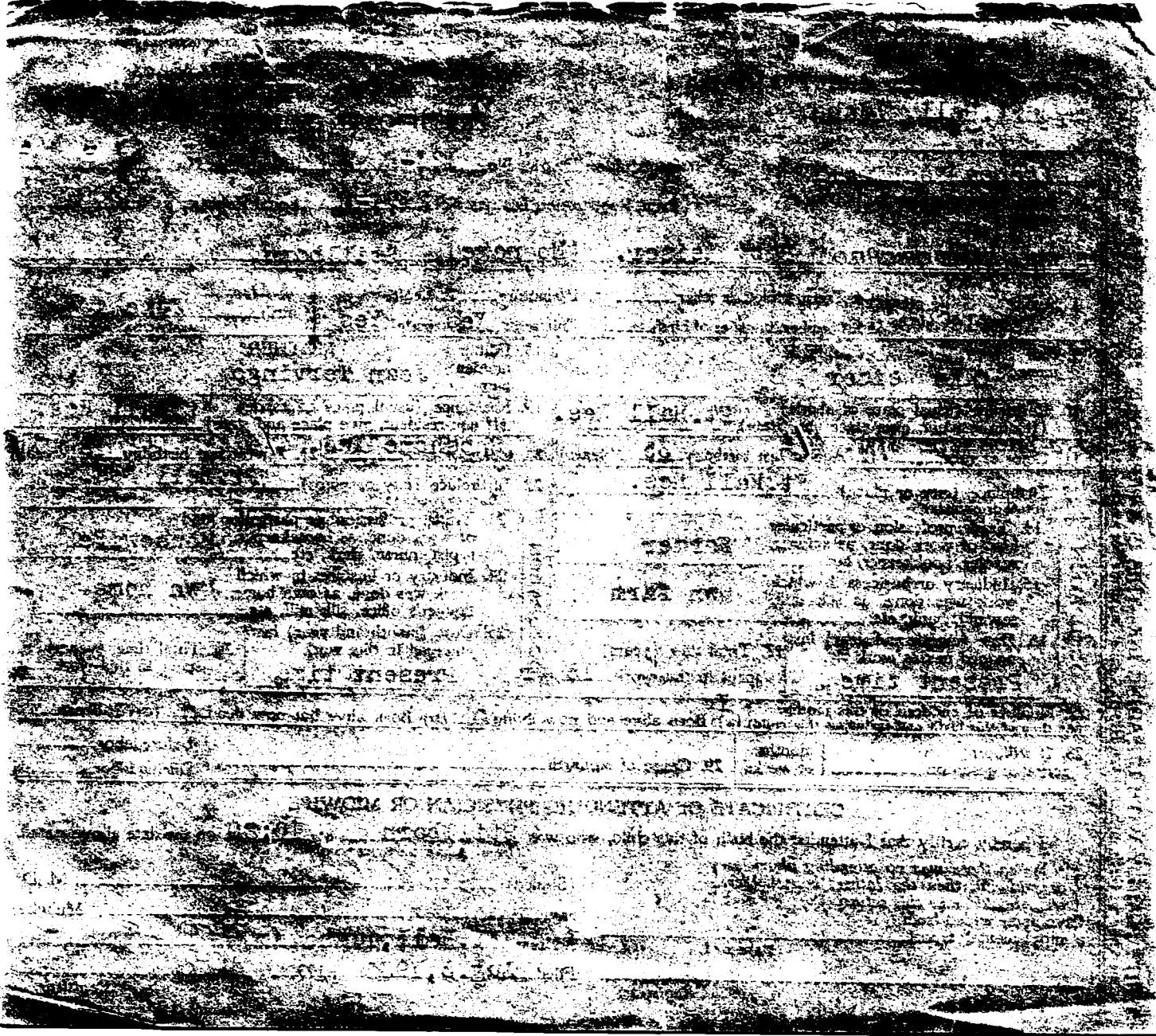
or _____ Midwife

Address Ft. Hall, Idaho

Filed AUG. 3, 1932 Bartholomew E. Strick

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **79997**

PLACE OF DEATH
County of Ft. Hall Reser-
Vation.
City of Fort Hall, Idaho.
Registration District No. 121-R
Primary Registration District No. 2194-R
(No. Agency Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 93.
706 H-9

2. FULL NAME No Name. Weiser. Stillborn.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR OR RACE Shoshone Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) June 13, 1932
7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - - - -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - - -
10. Date deceased last worked at this occupation (month and year) - - - -
11. Total time (years) spent in this occupation - - - -

12. BIRTHPLACE (city or town) Ft. Hall, Reser'vn.
(State or country)

FATHER
13. NAME Luke Weiser
14. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country)

MOTHER
15. MAIDEN NAME Joan Tervingo
16. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country)

17. INFORMANT Joan Tervingo
(Address) Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Butte Cem.
Place Ft. Hall Idaho Date 6/15/, 1932

19. UNDERTAKER Gus Anderson
(Address) Ft. Hall, Idaho.

20. FILED Aug. 1, 1932 Mr. Walter E. White
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 13, 1932

I last saw her alive on Stillborn, 1932; death is said to have occurred on the date stated above, at - - - - m.
The principal cause of death and related causes of importance were as follows:

Premature separation of placenta.

Other contributory causes of importance:
- - - -

Name of operation - - - - Date of - - - -
What test confirmed diagnosis? - - - - Was there an autopsy? - - - -

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - - - - Date of injury - - - -, 1932.
Where did injury occur? - - - -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. - - - -

Manner of injury - - - -
Nature of injury - - - -

24. Was disease or injury in any way related to occupation of deceased? - - - -

If so, specify O. P. Ball (Signed) W. P. Ball, M. D.
(Address) Butte, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1928

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville
City of Idaho Falls

No. _____ St. _____

L. H. L. Hospital
(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 204691

Registration District No. 23 State File No. _____

Prim. Registration District No. 2/90 Local Registrar's No. 27/S

FULL NAME OF CHILD Patricia Ida Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>7-20</u> 19 <u>32</u>
	(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0

Born alive but now dead. 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>David Wald</u>	FULL MAIDEN NAME <u>Vera Becker</u>
Residence (Usual place of abode) <u>Idaho Falls R. 2</u>	Residence (Usual place of abode) <u>Idaho Falls R. 2</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>20</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>17</u> (Years)
Birthplace <u>Preston Idaho</u> (City and State or County)	Birthplace <u>Preston Idaho</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:34 A. M.
on the date above stated.

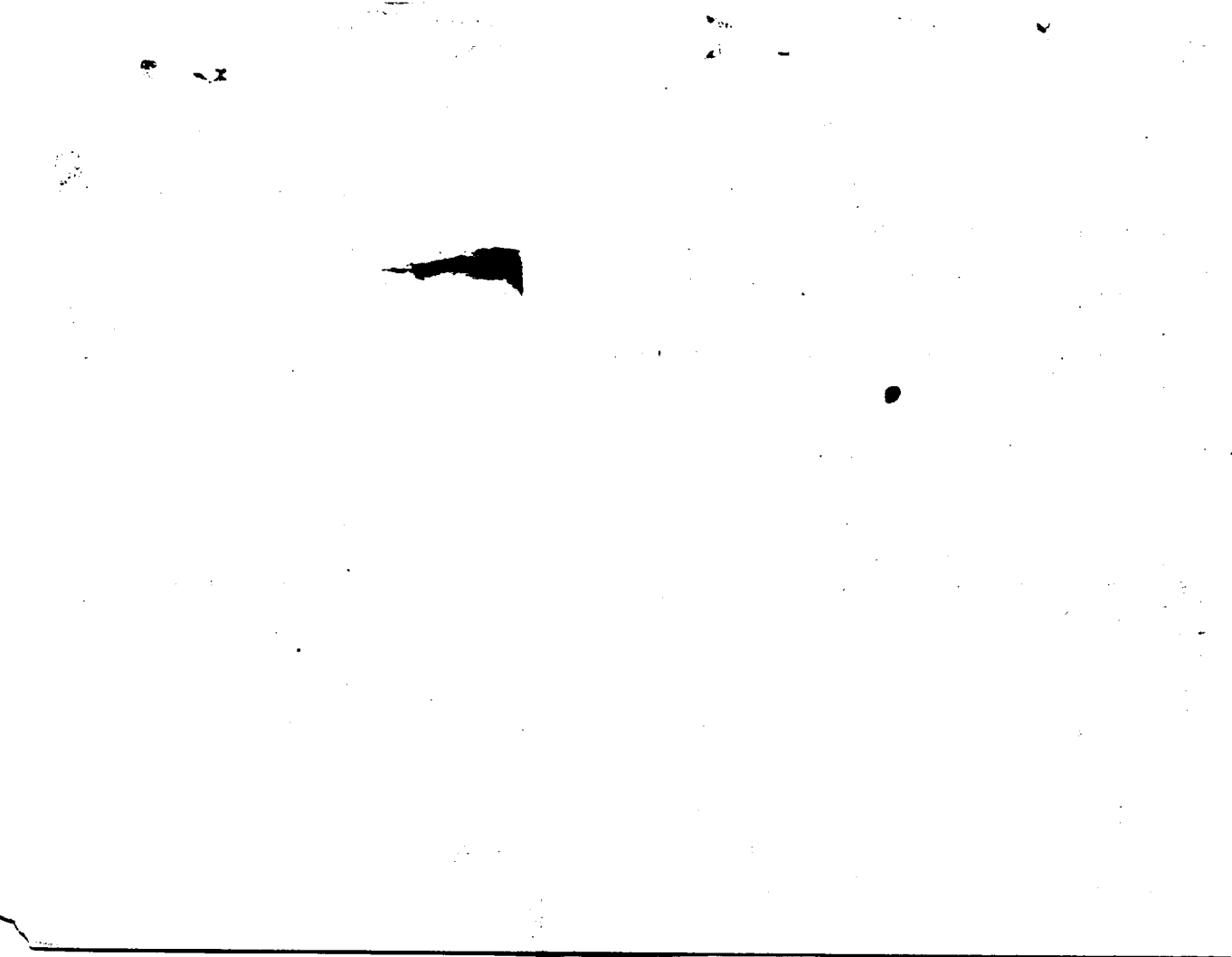
(Signature) [Signature]

(Physician or midwife)

Address Idaho Falls

Filed July 24-1932 [Signature] Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WHILE FILLING, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonner
City of Ischo Falls

Registration District No. 73
Primary Registration District No. 2100
(No. St.)

State File No. 80047
Local Registrar's No. 103

If death occurs away from
usual residence, give facts
called for under special in-
formation.

2. FULL NAME

Still birth

If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED baby.
(Write the word)

6. DATE OF BIRTH

July 20 1932
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
Yrs. Mos. ds. Still birth hrs. or min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF Father

Derrill Wolf
(State or Country) Preston Idaho

12. MAIDEN NAME OF MOTHER

Zera Packer
(State or Country) Preston, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Derrill Wolf
(Address) Idaho Falls, Idaho

15. Filed July 20 1932 C. J. J. J.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 20 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
July 20 1932 to July 20 1932
that I last saw deceased alive on July 20 1932
and that death occurred on the date stated above, at 1:36 P. M.
The CAUSE OF DEATH* was as follows:

Collapsed Card

Contributory (Secondary)

(Duration) yrs. mos. ds.
(Signed) J. J. J. M. D.
7/20 1932 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted
if not at place of death?
Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

Idaho Falls Idaho
20. UNDERTAKER
ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Idaho
No. 379 Lava St., St.

(If born in hospital or institution give name.)

STATE OF IDAHO JUL 20 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

204712

Registration District No. 73

State File No. S

Prim. Registration District No. 2140 Local Registrar's No. 243

2. FULL NAME OF CHILD Stillbirth

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 15, 1932</u> 1932 (MONTH, DAY, YEAR)
9. Full name <u>Glyde S. Hickman</u>		18. Full maiden name <u>Ora May Truster</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rigby, Rt. #2</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rigby Rt. #2</u>		
11. Color or race <u>white</u>	12. Age at last birthday <u>32</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>26</u> (years)	
13. Birthplace (city or place) (State or country) <u>Hartsville, Mo.</u>		22. Birthplace (city or place) (State or country) <u>Seemore, Mo.</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife.</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead (c) Stillborn <u>1</u>				
28. If stillborn, period of gestation <u>9 months</u> months or weeks		29. Cause of stillbirth <u>Placenta Praevia</u>		Before labor <u>yes</u> During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 9:30 P.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) J. W. Mack, M. D.

or _____, Midwife

Address Idaho Falls, Idaho

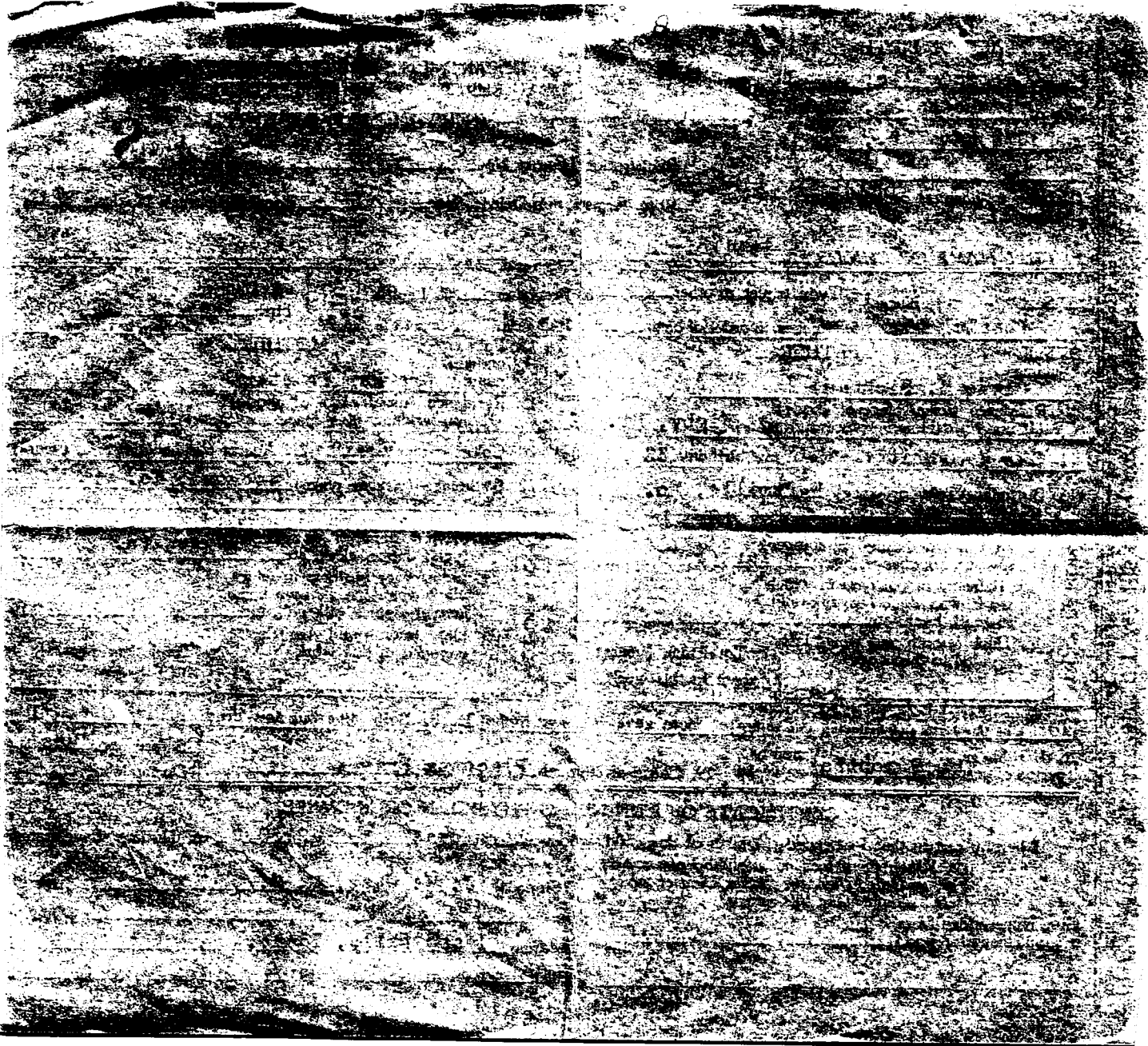
Filed June 22, 1932 Upham

Registrar.

Give name added from
a supplemental report

(DATE OF)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 18 1932		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. 79769	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH			
County of <u>Bonneville</u>		Registration District No. <u>23</u>		Local Registrar's No. <u>206</u>	
City of <u>Idaho Falls, Idaho</u>		Primary Registration District No. <u>21.20</u>			
(No. <u>206</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillbirth</u>					
(a) Residence. No. <u>Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>—</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>					
6. DATE OF BIRTH (month, day, and year) <u>6/15/32</u>					
7. AGE Years <u>none</u>		Months <u>—</u>	Days <u>—</u>	If LESS than 1 day, hrs. or min. <u>—</u>	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>			
		10. Date deceased last worked at this occupation (month and year) <u>—</u>		11. Total time (years) spent in this occupation <u>—</u>	
12. BIRTHPLACE (city or town) <u>Idaho Falls, Idaho</u> (State or country)					
MOTHER		13. NAME <u>Samuel Clyde Hickman</u>			
		14. BIRTHPLACE (city or town) <u>Portsville, Mo.</u> (State or country)			
		15. MAIDEN NAME <u>Ara May Truster</u>			
		16. BIRTHPLACE (city or town) <u>Seemore, Mo.</u> (State or country)			
		17. INFORMANT <u>Samuel C. Hickman</u> (Address)			
		18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>6/16</u> , 1932			
		19. UNDERTAKER <u>none</u> (Address)			
		20. FILED <u>6/16</u> , 1932 <u>Garfield</u> Registrar			
21. DATE OF DEATH (month, day, and year) <u>6/15</u> 1932					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 15</u> , 1932, to <u>June 15</u> , 1932.					
I last saw h. <u>dead</u> on <u>June 15</u> , 1932: death is said to have occurred on the date stated above, at <u>?</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Placental Pravas</u> Date of onset <u>6/14</u>					
Other contributory causes of importance: <u>—</u>					
Name of operation <u>—</u> Date of <u>—</u>					
What test confirmed diagnosis? <u>Exam.</u> Was there an autopsy? <u>—</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>—</u> , 1932.					
Where did injury occur? <u>—</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>—</u>					
Manner of injury <u>—</u>					
Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>—</u>					
If so, specify <u>—</u>					
(Signed) <u>Garfield</u> M. D.					
(Address) <u>Idaho Falls</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PERMANENT RECORD INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Ida.
No. 379 Lava St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20 1937
204716

Registration District No. 23 State File No. S

Prim. Registration District No. 2140 Local Registrar's No. 239

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other <u>—</u>	6. Premature <u>Yes</u>	Legiti- mate? <u>Yes</u>	8. Date of birth <u>July 2</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>FATHER</u> <u>Ted S. Krough</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>279 2nd. St.</u>		18. Full maiden name <u>MOTHER</u> <u>Mary St. John</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>279 2nd. St.</u>
11. Color or race <u>white</u>	12. Age at last birthday <u>24</u> (years)		20. Color or race <u>white</u>		21. Age at last birthday <u>17</u> (years)
13. Birthplace (city or place) <u>Salt Lake City, Utah</u> (State or country)	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Manager Cafe</u>		22. Birthplace (city or place) <u>Colorado</u> (State or country)		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>—</u>	16. Date (month and year) last engaged in this work <u>—</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>—</u>		25. Date (month and year) last engaged in this work <u>—</u>
17. Total time (years) spent in this work <u>—</u>	18. Total time (years) spent in this work <u>—</u>		26. Total time (years) spent in this work <u>—</u>		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>
28. If stillborn, period of gestation <u>9 Mo.</u> { months or weeks	29. Cause of stillbirth <u>Pre. Sep. of Placentae</u>		Before labor <u>—</u>		During labor <u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:00Am. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. J. Jones, M. D.

or —, Midwife

Give name added from a supplemental report —

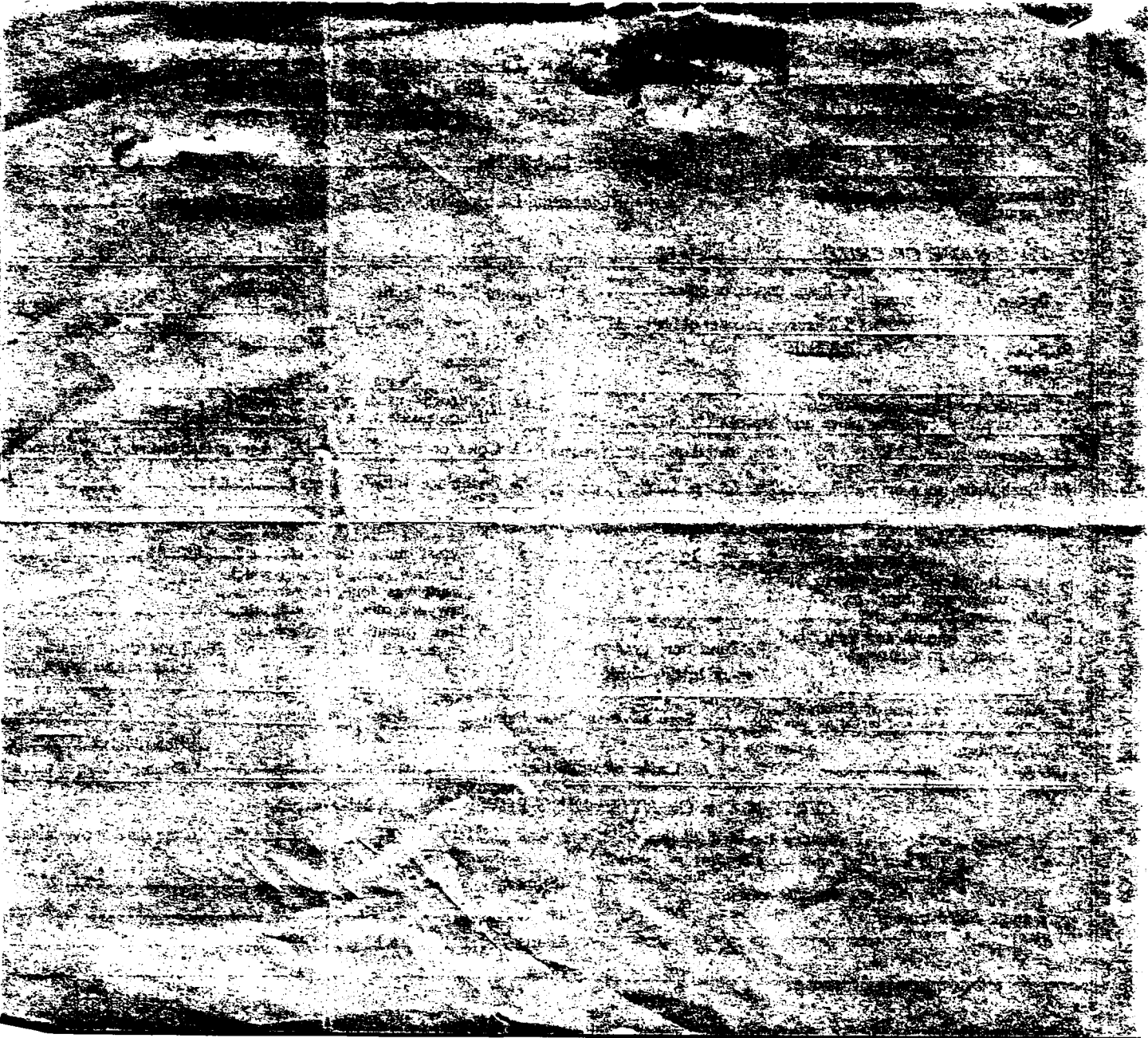
(DATE OF)

Address Idaho Falls, Idaho

Filed 7/11, 1932

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonnevill.....
City of Idaho Falls, Ida..

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

80036

State File No.....

Registration District No.....
Primary Registration District No.....

Local Registrar's No.....

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. 272-2nd. St.
(Usual place of abode)

St. Idaho Falls Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) *child*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

child

6. DATE OF BIRTH (month, day, and year) July 2, 1932

7. AGE Years Months Days
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

13. NAME Mr. Ted S. Krough

14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

15. MAIDEN NAME Mary St. John

16. BIRTHPLACE (city or town) Colorado
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place *Funeral Home* Date *July 3*, 1932

19. UNDERTAKER *Funeral Home*
(Address)

20. FILED *July 3*, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from

July 2, 1932, to *July 2*, 1932

I last saw him alive on *July 2*, 1932, death is said to have occurred on the day stated above, *before* 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

Premature Separation of Placenta
Date of onset *7/2/32*

Other contributory causes of importance:

Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1932

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. J. H. Smith*, M. D.

(Address) Box 220 Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. **Examples:**

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 204735

1. PLACE OF BIRTH
County of Bannock
City of Idaho Falls
No. At S. Hospital

Registration District No. 73 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2150 Local Registrar's No. 255

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other <u>✓</u>	6. Premature <u>✓</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>July 29, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Frank Stanley King</u>	FATHER		18. Full maiden name <u>Ruth Grace Brooke</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Victor, Ida.</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Victor, Ida.</u>		
11. Color or race <u>White</u>	12. Age at last birthday <u>30</u> (years)		20. Color or race <u>White</u>	21. Age at last birthday <u>38</u> (years)	
13. Birthplace (city or place) (State or country) <u>Bates, Idaho</u>			22. Birthplace (city or place) (State or country) <u>Victor, Idaho</u>		
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____, 19__	17. Total time (years) spent in this work <u>10</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____, 19__	26. Total time (years) spent in this work _____, 19__	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn ✓

28. If stillborn, period of gestation 9 months or weeks { 29. Cause of stillbirth Proper long { Before labor or During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:05 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [Signature] M. D.

or _____ Midwife

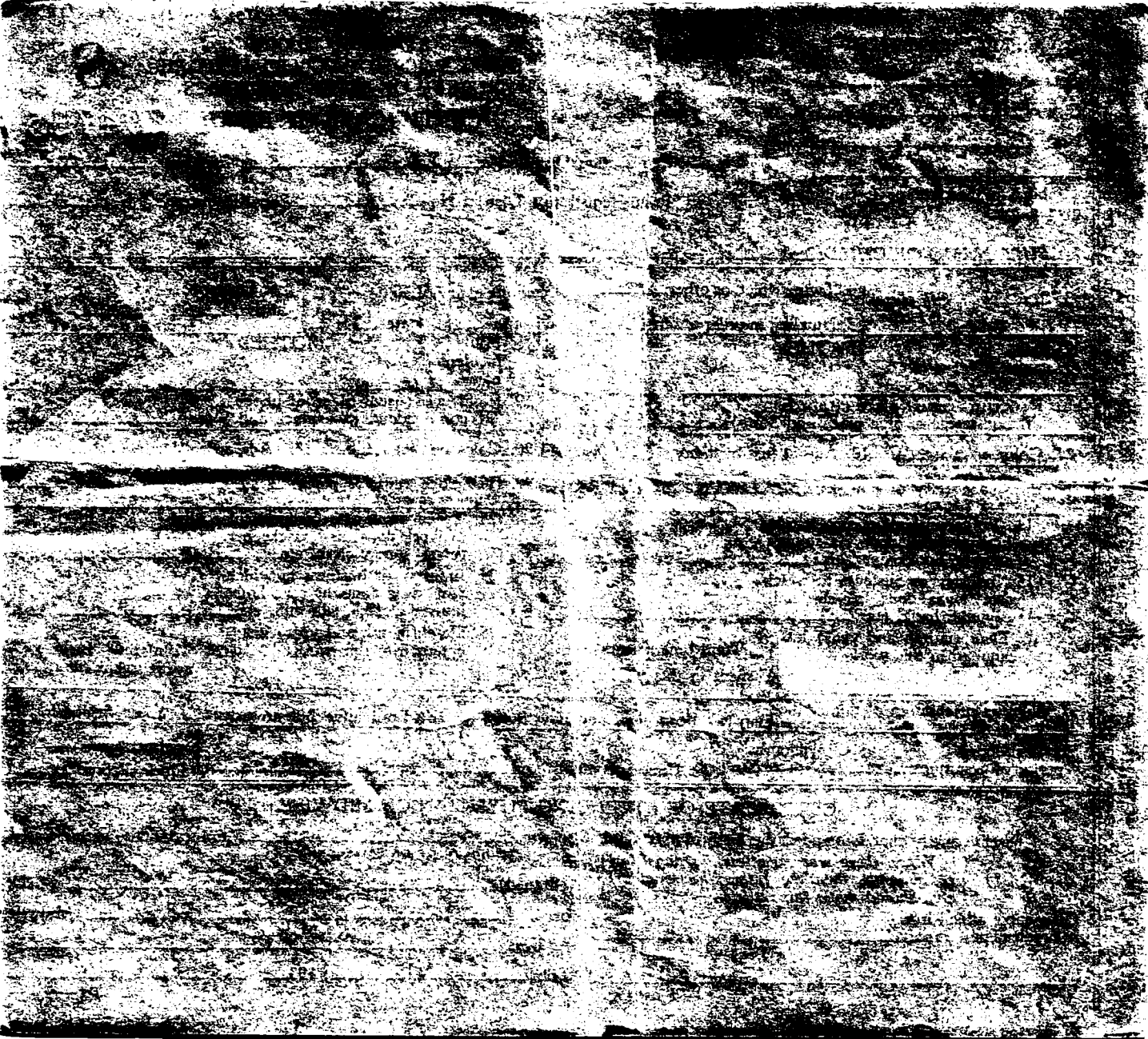
Give name added from a supplemental report _____
(DATE OF) _____

Address Idaho Falls, Ida.

Filed Aug, 1932 Comp. [Signature]

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of Booneville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73
Primary Registration District No. 214-0
(No. St.)

2. FULL NAME

Stillborn

RECEIVED DEATH 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80048
Local Registrar's No. 108

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED baby.
(Write the word)

6. DATE OF BIRTH

July - 29 1932
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many hrs. or min.?
Yrs. Mos. ds. none

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF FATHER

Frank Stanley Ranz

11. BIRTHPLACE OF FATHER

(State or Country) Bates Idaho

12. MAIDEN NAME OF MOTHER

Ruth Grace Blake

13. BIRTHPLACE OF MOTHER

(State or Country) Victor Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Ranz
(Address) Victor

15.

Filed July 30 1932 C. J. Finn
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 29 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29 1932 to July 29 1932 that I last saw him alive on July 29 1932 and that death occurred on the date stated above, at 6:29 PM.

The CAUSE OF DEATH* was as follows:

aspiration from
Indurated Cord
(Duration) yrs. mos. 42 hr ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

[Signature] M. D.
19 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days..... State.....yrs.....mos.....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Idaho County - Victor, Id

DATE OF BURIAL

July 30 1932

20. UNDERTAKER

ADDRESS

none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Coaldale

No. _____ St. _____

Coaldale Sanatorium

(If born in hospital or institution
give name.)

Registration District No. 3

State File No. _____

Prim. Registration District No. 227

Local Registrar's No. 3

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
Child Female

Twin
Triplet
or other?

{ and {
Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? Yes

Date of
birth June 27 1932

(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Argem.

Number of child of this mother, including present birth. 2 (a) Born alive and now living. 0

Born alive but now dead. 2 Stillborn 2

FULL
NAME

FATHER
Gail A. Schstadt

Residence (Usual place of abode) Coaldale

If non-resident, give place and State

Color or race. White Age at last Birthday. 24 (Years)

Birthplace Mountain Okla.
(City and State or County)

Occupation Farmer

FULL
MAIDEN
NAME

MOTHER
Marne Cleveland

Residence (Usual place of abode) Coaldale

If non-resident, give place and State

Color or race. White Age at last Birthday. 22 (Years)

Birthplace Missouri Kans.
(City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 8:20 A. M.

(Signature) Robert C. Talbot

(Physician or midwife)

Address 411 E. 1st

Filed 7/5 1932 Lulu Waldrop

Registrar

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

1. PLACE OF DEATH

County of Canyon
City of CaldwellRegistration District No. 3Primary Registration District No. 2005
(No. _____ St.)State File No. 79838Local Registrar's No. 83If death occurs away from
usual residence, give facts
called for under special in-
formation.

2. FULL NAME

La Fern HohstadtIf death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male4. COLOR OR RACE & SINGLE, MARRIED, WID-
OWED OR DIVORCEDwhite

(Write the word)

5. DATE OF BIRTH

June 27 1932
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

— Yrs. — Mos. — ds.

8. OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

9. BIRTHPLACE

(State or Country)

Caldwell Ida10. NAME OF
FatherS. A. Hohstadt11. BIRTHPLACE
OF FATHER

(State or Country)

Okla12. MAIDEN NAME
OF MOTHERMarie Clevenger13. BIRTHPLACE
OF MOTHER

(State or Country)

Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

S. A. Hohstadt
Houston, Idaho

15.

Filed

7-21932John L. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 27 1932
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 27 1932 to June 27 1932
that I last saw him alive on June 27 1932
and that death occurred on the date stated above, at 2:55 PM.

The CAUSE OF DEATH* was as follows:

Complication of Stillborn(Duration) yrs. 5 mos. 1 ds.Contributory
(Secondary)(Duration) yrs. 1 mos. 1 ds.

(Signed)

Robert E. Tolby M. D.June 27 1932 (Address) Walden, Ida*State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted
if not at place of death?
Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Canyon Hill June 28 1932
20. UNDERTAKER
C. J. Beckham Caldwell
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon
City of Caldwell

No. Caldwell Sanitarium St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Baby Leighly (Stillborn)

3. Sex Girl If plural births { 4. Twin, triplet, or other ----- 6. Premature ----- 7. Legitimate? yes 8. Date of birth 8/8, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER C. Ross Leighly 18. Full maiden name MOTHER Vera Eater

10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida. 19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida.

11. Color or race White 12. Age at last birthday 32 (years) 20. Color or race White 21. Age at last birthday 22.7 (years)

13. Birthplace (city or place) (State or country) Iowa 22. Birthplace (city or place) (State or country) Colorado

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. -----	16. Date (month and year) last engaged in this work -----	17. Total time (years) spent in this work -----
		<u>Clerk</u>		

OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. -----	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. -----	25. Date (month and year) last engaged in this work -----	26. Total time (years) spent in this work -----
		<u>Housewife</u>		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead ----- (c) Stillborn -----

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Premature separation of placenta Before labor ----- During labor yes -----

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:45 p. m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. M. Cole, M. D.

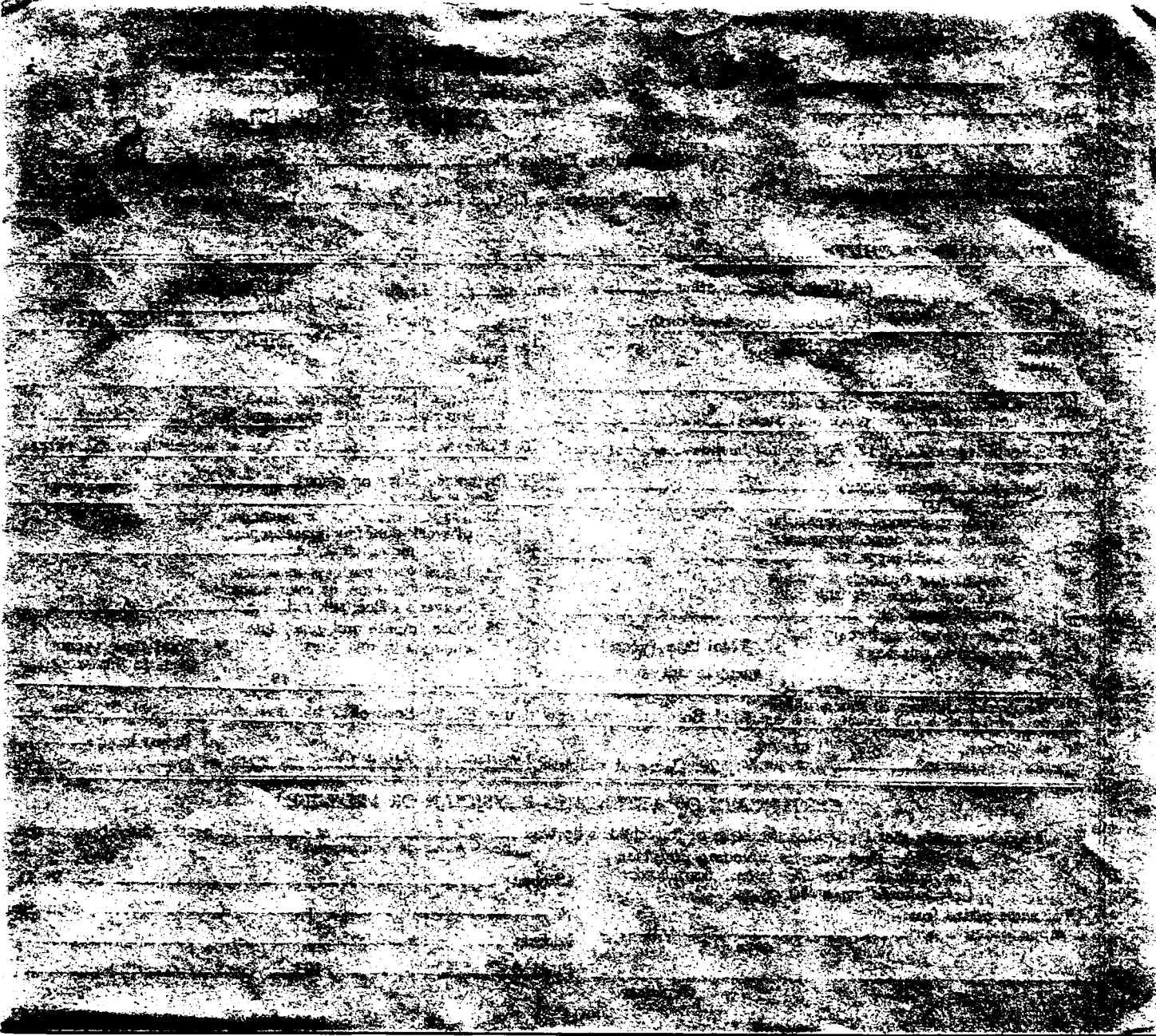
Give name added from a supplemental report -----

or -----, Midwife

Address Caldwell, Ida.

Filed 8-8, 1932 J. S. Meyers Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **80077**

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005
(No. Caldwell Sanitarium)

Local Registrar's No. 94

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Baby Leighly

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl 4. COLOR OR RACE White- 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 8/8-32-

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER C. Ross Leighly-

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa.

12. MAIDEN NAME OF MOTHER Vera Baker

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Colorado.

14. Informant C. R. Leighly
(Address) Caldwell, Idaho.

15. Filed 8-8- 1932 R. Meyers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8-8- 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 8/8- 1932

that I last saw him alive on Stillborn- 19____
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Premature separation of placenta

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) F. M. Cole M. D.
8/8- 1932 (Address) Caldwell, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial 8-9-1932

20. Undertaker Father and Friends Address Caldwell

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED AUG 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 204891

County of Benewah
City of Shoshone
No. _____ St. _____

Registration District No. 9 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Infant

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>July 5</u> 19 <u>32</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 8 (a) Born alive and now living 7

Born alive but now dead 0 Stillborn One

FATHER FULL NAME <u>John W. Hull</u>	MOTHER FULL MAIDEN NAME <u>Euretta Burnett</u>
---	---

Residence (Usual place of abode) Letha Idaho

If non-resident, give place and State

Color or race White Age at last Birthday 57 (Years)

Birthplace Missouri (City and State or County)

Occupation Farmer

If non-resident, give place and State

Color or race White Age at last Birthday 39 (Years)

Birthplace Kansas (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M.
on the date above stated.

(Signature) F. A. Benjamin M.D.

(Physician or midwife)

Address Cummins Idaho

Filed 7-5 1932 F. A. Benjamin

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

2

noD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho
City of Kamiah-Rout-
No. _____ St. _____

(If born in hospital or institution give name.)

RECEIVED AUG 2 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 204915

Registration District No. 49 State File No. _____

Prim. Registration District No. 2127 Local Registrar's No. S

2. FULL NAME OF CHILD Baby Jackson

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 13th-3 83</u> (MONTH, DAY, YEAR)
9. Full name <u>FATHER Andrew Jackson</u>	5. Number, in order of birth _____		Full term <u>yes</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kamiah</u>	18. Full maiden name <u>MOTHER Ruth Corbett</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Kamiah</u>		
11. Color or race <u>Indian</u>	12. Age at last birthday <u>34</u> (years)		20. Color or race <u>Ind.</u>		21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or country) <u>Nez. Reservation</u>	22. Birthplace (city or place) (State or country) <u>Nez. Reservation</u>				
OCCUPATION {	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Home</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____		
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3. (b) Born alive but now dead 0. (c) Stillborn 1

28. If stillborn, 9 months period of gestation 5 1/2 months

29. Cause of stillbirth Fall Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Give name added from _____
a supplemental report _____
(DATE OF) _____

(Signed) G. H. Beaman _____, M. D.
or _____, Midwife

Address Kamiah-Idaho

Filed Aug. 4, 1932 Neil Robertson
Registrar.

1933-34

~~CONFIDENTIAL~~

SECRET

NOV 23 1964

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

10-10-68

100-443887-100

Page 10 of 10

100-443887-100

10

1. The first of these is the fact that the

CONFIDENTIAL

1964

148

This document contains neither recommendations nor conclusions of the National Bureau of Standards. It is the property of the Department of Commerce and is loaned to your agency; it and its contents are not to be distributed outside your agency.

... ..

0291004

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

80107

State File No.

PLACE OF DEATH
County of Idaho
City of Kamiah-Rout-

Registration District No. 49
Primary Registration District No. 2127

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Baby Jackson

2. FULL NAME

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn-32 June 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kamiah
(State or country)

10. NAME OF FATHER Andrew Jackson

11. BIRTHPLACE OF FATHER (city or town) Nezperce Reserv.
(State or Country)

12. MAIDEN NAME OF MOTHER Ruth Corbett

13. BIRTHPLACE OF MOTHER (city or town) Nezperce-Res.
(State or Country)

14. Informant R. J. Jackson
(Address) Kamiah - Idaho

15. Filled 8-4, 1932 Neil Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June ? 32.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
June 13 32, 1932, to 19

that I last saw not alive on above, 1932

and that death occurred, on the date stated above, at ? m.

The CAUSE OF DEATH* was as follows:

Pre-natal.

(duration) yrs. mos. ds.

CONTRIBUTORY Fall of mother.
(Secondary) accident.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. R. Bryan, M. D., M. D.
6/13/32, 1932 (Address) Kamiah-Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

19

20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jerome
City of Jerome
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Registration District No. 18 State File No. S
Prim. Registration District No. _____ Local Registrar's No. _____

Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth May 2, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Francis Dale moore

10. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race W 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation _____ { months _____ or weeks _____ 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (DATE OF) _____

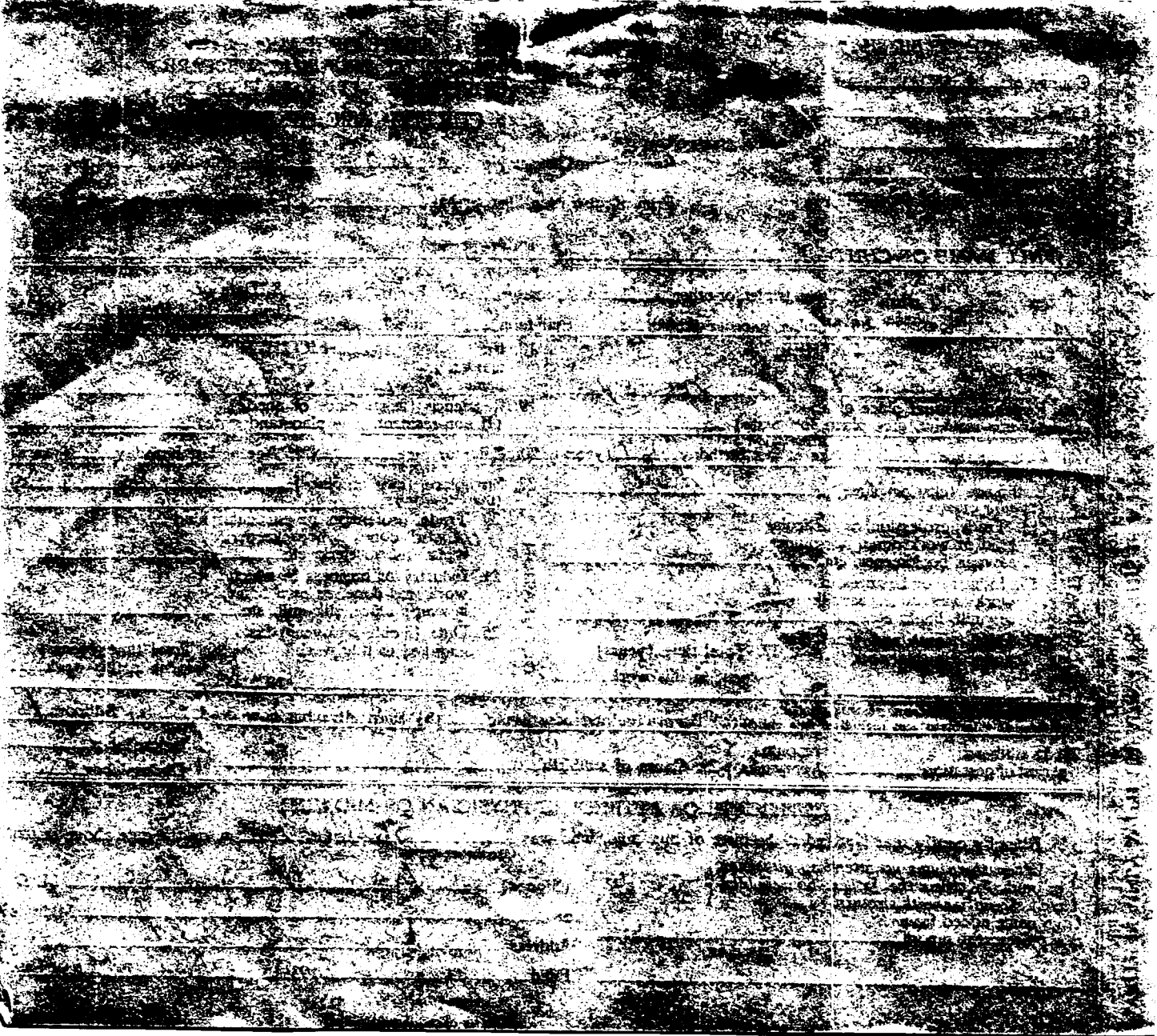
(Signed) Chas F Zeller M. D.

or _____ Midwife

Address Jerome Idaho

Filed June 25, 1932 Chas F Zeller Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Jerome</u>		CERTIFICATE OF DEATH		State File No. <u>80407</u>	
City of <u>Jerome</u>		Registration District No. <u>18</u>		Local Registrar's No. <u>206</u>	
		Primary Registration District No.			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby moose</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>w</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 12 / 32</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (city or town) (State or country) <u>Jerome Idaho</u>				
MOTHER	13. NAME <u>Frances Dale moose</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Florence Amy Fox</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT <u>Frances Dale moose</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Jerome</u> Date <u>5/12</u> , 1932					
19. UNDERTAKER <u>one</u> (Address)					
20. FILED <u>6/10</u> , 1932 <u>Chas F. Zeller</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 12 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from 193....., to 193.....					
I last saw h..... alive on 193.....: death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<u>Placental Degeneration</u>					
Other contributory causes of importance:					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193..... Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>E. F. Zeller</u> , M. D. (Address) <u>Jerome Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 249-106-837-239 RECEIVED JUL 20 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

205132

S

County of Owyhee
City of Bruneau
No. _____ St. _____

Registration District No. 74 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2151 Local Registrar's No. 204

2. FULL NAME OF CHILD Stillbirth Smith

3. Sex <u>M</u>	4. Twin, triplet, or other _____	6. <u>Premature</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 6</u> , 1932 (MONTH, DAY, YEAR)
	If plural births {	5. Number, in order of birth _____	Full term _____	

9. Full name <u>Ray Lewis Smith</u>	18. Full maiden name <u>Susie Strickland</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Dunlap, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Buhl, Idaho</u>
11. Color or race <u>W</u>	20. Color or race <u>W</u>
12. Age at last birthday <u>25</u> (years)	21. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) <u>Twin Falls, Idaho</u> (State or country)	22. Birthplace (city or place) <u>Tindall, Idaho</u> (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>sheep shearer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own business</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work <u>now employed</u> , 19 <u> </u>		25. Date (month and year) last engaged in this work <u> </u> , 19 <u> </u>
	17. Total time (years) <u>5</u> spent in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, 8 months
period of gestation _____ or weeks _____

29. Cause of stillbirth epileptic convulsions Before labor _____
During labor both

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

P. M.

I hereby certify that I attended the birth of this child, who was stillborn at 12:30m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) Wm J. Edmunds, M. D.

Give name added from
a supplemental report _____

or _____, Midwife

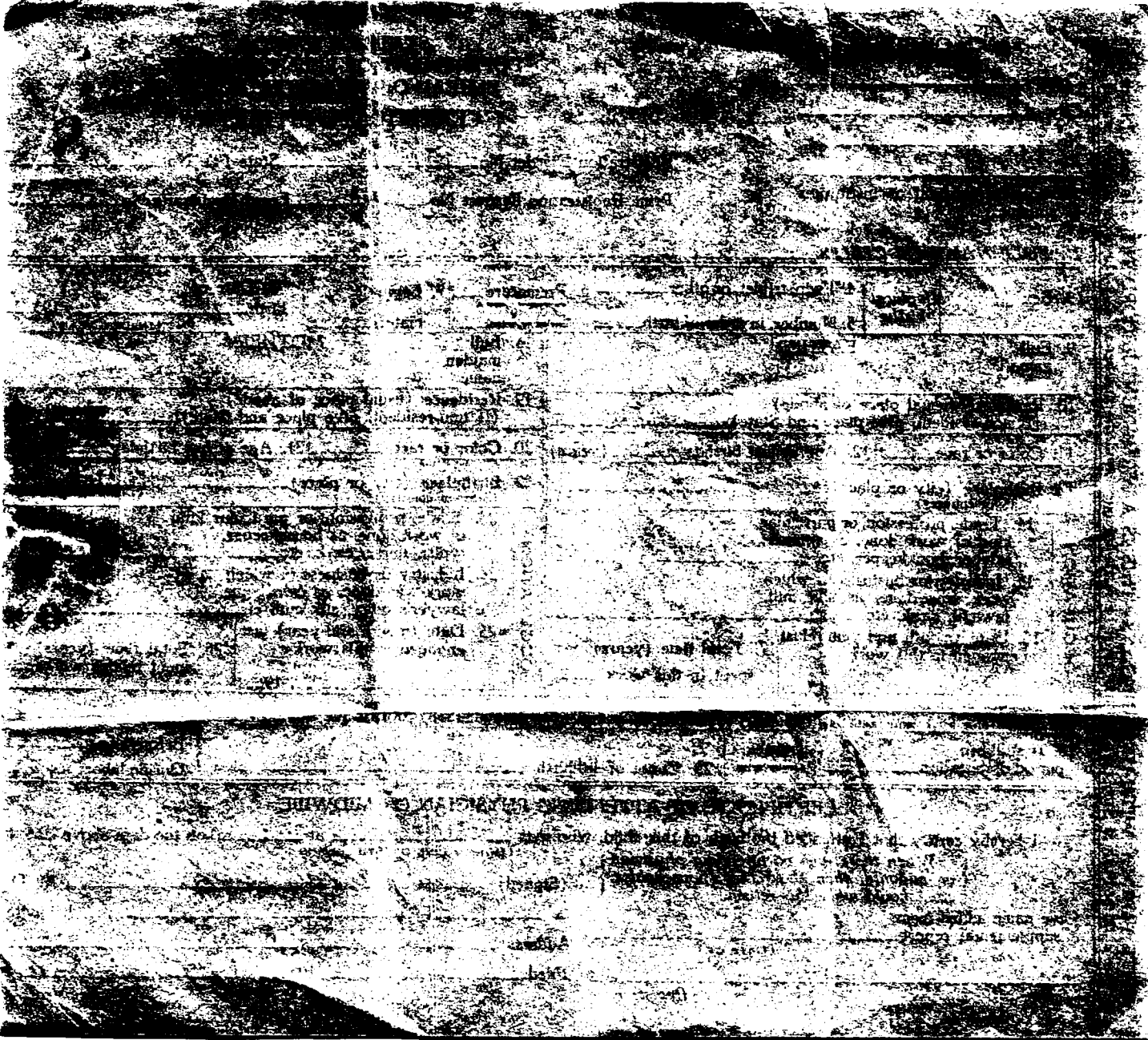
(DATE OF)

Address Grand View, Idaho

Filed July 18, 1932 W J Edmunds

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 20 1932

PLACE OF DEATH

County of OwyheeCity of BruneauSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 74Primary Registration District No. 2151

DO NOT WRITE IN THIS SPACE

80186

State File No.

Local Registrar's No. 75(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stillbirth Smith

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 6, 1932

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Bruneau, Idaho
(State or country)13. NAME Ray Lewis Smith14. BIRTHPLACE (city or town) Twin Falls, Idaho
(State or country)15. MAIDEN NAME Susie Strickland16. BIRTHPLACE (city or town) Tindall, Idaho
(State or country)17. INFORMANT Ray L. Smith
(Address) Bruneau, Idaho18. BURIAL, CREMATION, OR REMOVAL
Placed in Bruneau, Idaho Date July 6, 193219. UNDERTAKER
(Address)20. FILED July 13, 1932 W. E. Eckenbush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6, 193222. I HEREBY CERTIFY, That I attended deceased from
....., 193....., to....., 193.....

I last saw h..... alive on....., 193.....; death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Child born dead during
epileptic convulsion,
grand mal. 8 months
pregnancy

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. J. Eckenbush, M.D.(Address) Grand View, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 545-108039-219

County of Power

City of Manley, Idaho

No. Birth St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature X Full term _____ 7. Legitimate? yes 8. Date of birth July 8, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Melvin Hunter 18. Full maiden name MOTHER Lucille Hunter

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Idaho

11. Color or race white 20. Age at last birthday 23 (years) 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or country) Idaho 22. Birthplace (city or place) (State or country) Idaho

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth Premature Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:32 P. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (DATE OF) _____

(Signed) G. G. Logan, M. D. or _____, Midwife Address _____

Filed Aug. 9, 1932 Gemeria Neth Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		RECEIVED	
County of <u>Power</u>		City of <u>Ann Falls, Ida.</u>		Registration District No. <u>25</u>		Primary Registration District No. <u>2572</u>		Local Registrar's No. <u>23</u>	
(No.)		(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Stillborn</u>									
(a) Residence. No.		St.							
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>-</u>		21. DATE OF DEATH (month, day, and year) <u>193</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>-</u>						22. I HEREBY CERTIFY, That I attended deceased from <u>Stillborn</u> , 193, to <u>Stillborn</u> , 193.			
6. DATE OF BIRTH (month, day, and year) <u>July 8, 1932</u>						I last saw h..... alive on <u>Stillborn</u> , 193: death is said to have occurred on the date stated above, at..... m.			
7. AGE Years Months Days <u>Stillborn</u>				If LESS than 1 day,..... hrs. or min.		The principal cause of death and related causes of importance were as follows:		Date of onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>-</u>						<u>Premature</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>						Other contributory causes of importance:			
10. Date deceased last worked at this occupation (month and year) <u>-</u>		11. Total time (years) spent in this occupation <u>-</u>							
12. BIRTHPLACE (city or town) <u>Ann Falls, Idaho</u>		(State or country)							
13. NAME <u>Melvin Hunter</u>						Name of operation..... Date of.....			
14. BIRTHPLACE (city or town) <u>Idaho</u>		(State or country)				What test confirmed diagnosis?..... Was there an autopsy?.....			
15. MAIDEN NAME <u>Lusille Barnard</u>						23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193.			
16. BIRTHPLACE (city or town) <u>Idaho</u>		(State or country)				Where did injury occur?..... (Specify city or town, county, and State)			
17. INFORMANT (Address) <u>-</u>						Specify whether injury occurred in industry, in home, or in public place.			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rockland</u> Date....., 1932						Manner of injury.....			
19. UNDERTAKER (Address) <u>-</u>						Nature of injury.....			
20. FILED <u>Aug. 3</u> , 1932 <u>G. M. Nott</u> Registrar.						24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>1/4 Logan</u> (Signed)....., M. D. (Address).....			

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. Canyon Ave. St.
Providence Hospital
(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 70 State File No. S
Prim. Registration District No. 1011 Local Registrar's No. 65

2. FULL NAME OF CHILD Stillborn female.

3. Sex Female	If plural births	4. Twin, triplet, or other	6. Premature	7. Legiti- mate?	8. Date of birth <u>July 10, 1932</u> 193 (MONTH, DAY, YEAR)
9. Full name Harry Clarence Clausen		10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burke, Idaho.</u>		18. Full maiden name Helen Hortence Hoyt.	
11. Color or race <u>W.</u>		12. Age at last birthday <u>28</u> (years)		20. Color or race <u>W.</u>	
13. Birthplace (city or place) (State or country) <u>Nebraska.</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		22. Birthplace (city or place) (State or country) <u>Spokane, Washington.</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Hecla Mine.</u>		16. Date (month and year) last engaged in this work		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
17. Total time (years) spent in this work		19.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		19.	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, <u>8</u> months period of gestation <u>28 weeks</u>					
29. Cause of stillbirth <u>Asphyxia neonatorum.</u>					
Before labor					
During labor <u>yes</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 11:12 ^{A.M.} on the date above stated.
(BORN ALIVE OR STILLBORN)
{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.
Give name added from
a supplemental report _____
(DATE OF)
Registrar. _____

(Signed) James P. Dean, M. D.
or _____, Midwife
Address 12, 1932 P. S. Stone
Filed _____ Registrar.

NAME AND NAME OF CHILD

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE AT LAST BIRTHDAY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF MINISTER

NAME OF WITNESSES

NAME OF REGISTRAR

NAME OF OFFICIAL

NAME OF OFFICIAL

NAME OF OFFICIAL

NAME OF OFFICIAL

NAME OF OFFICIAL

NAME OF OFFICIAL

NAME OF OFFICIAL

NAME OF OFFICIAL

NAME OF OFFICIAL

NAME OF OFFICIAL

NAME OF OFFICIAL

CERTIFICATE OF AFTER DEATH PHYSICIAN OR MIDWIFE

NAME OF PHYSICIAN OR MIDWIFE

DATE OF EXAMINATION

PLACE OF EXAMINATION

NAME OF PHYSICIAN OR MIDWIFE

DATE OF EXAMINATION

PLACE OF EXAMINATION

NAME OF PHYSICIAN OR MIDWIFE

CERTIFICATE OF BIRTH

NAME OF PHYSICIAN OR MIDWIFE

DATE OF EXAMINATION

PLACE OF EXAMINATION

NAME OF PHYSICIAN OR MIDWIFE

DATE OF EXAMINATION

PLACE OF EXAMINATION

NAME OF PHYSICIAN OR MIDWIFE

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NAME OF PHYSICIAN OR MIDWIFE

DATE OF EXAMINATION

PLACE OF EXAMINATION

NAME OF PHYSICIAN OR MIDWIFE

DATE OF EXAMINATION

PLACE OF EXAMINATION

NAME OF PHYSICIAN OR MIDWIFE

DATE OF EXAMINATION

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 80208 State File No.	
County of <u>Shoshone</u>		Registration District No. <u>70</u>		Local Registrar's No. <u>551</u>	
City of <u>Wallace</u>		Primary Registration District No. <u>1011</u>			
(No. <u>Providence Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Infant Clausen</u>					
(a) Residence. No. <u>Burke Idaho</u>		St. <u>Burke Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 10 - 1932</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Wallace Idaho</u> (State or country)					
FATHER	13. NAME <u>Harry Clausen</u>				
	14. BIRTHPLACE (city or town) <u>Nebraska</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Kellen Hoyte</u>				
	16. BIRTHPLACE (city or town) <u>Spokane Wash.</u> (State or country)				
17. INFORMANT <u>Harry Clausen</u> (Address) <u>Burke Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace Ida</u> Date <u>July 11, 1932</u>					
19. UNDERTAKER <u>J. A. Burns (Ward & Co)</u> (Address) <u>Wallace Ida</u>					
20. FILED <u>July 11, 1932</u> <u>P. S. Stone</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 10, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 10, 1932</u> to <u>July 10, 1932</u>					
I last saw <u>her</u> alive on <u>July 10, 1932</u> ; death is said to have occurred on the date stated above, at <u>10:45 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Still born</u>					
<u>8 mos premature</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? Date of injury 1932					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>James R. Bean</u> , M. D.					
(Address) <u>Wallace</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Trin Falls
City of Trin Falls
No. 454 Main N St.

STATE OF IDAHO AUG 15 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
S
CERTIFICATE OF BIRTH 205218

Registration District No. 37 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1085 Local Registrar's No. 258

2. FULL NAME OF CHILD

Stillborn

3. Sex Boy If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term x 7. Legitimate? yes 8. Date of birth July 17, 1932 MONTH, DAY, YEAR)

9. Full name FATHER Dorman Pearl Stuart

18. Full maiden name MOTHER Vina Jennette Stuck

10. Residence (usual place of abode) (If non-resident, give place and State) Trin Falls

19. Residence (usual place of abode) (If non-resident, give place and State) Trin Falls

11. Color or race white 12. Age at last birthday 36 (years)

20. Color or race white 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or country) Auto Wrecker

22. Birthplace (city or place) (State or country) Syracuse, N.Y.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks { 29. Cause of stillbirth Undetermined { Before labor Several During labor Days

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 A.m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

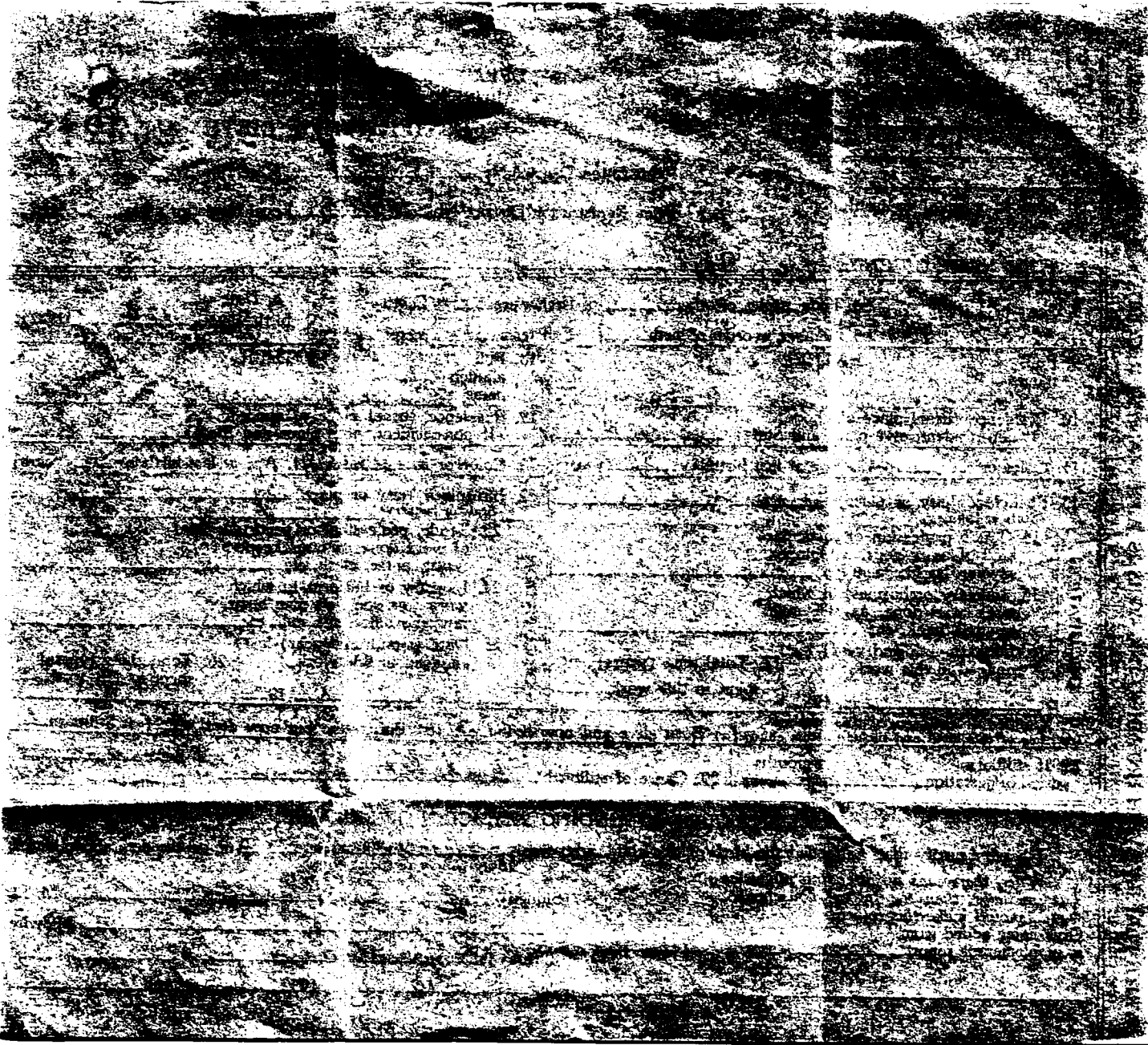
(Signed) C. D. Weaver, M. D.

or _____, Midwife

Address Trin Falls, Ida

Filed 8/10, 1932 Elizabeth J. Smith Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Logan Falls
City of Logan FallsRECEIVED AUG 1 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 80217Local Registrar's No. 130(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 456 N. Main St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant
(Address)

15. Filed

7/181932Elizabeth D. Smith

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, that I attended deceased from July 17, 1932, to July 17, 1932,
that I last saw him still born, 1932,
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Undetermined
Dead several days

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted,
if not at place of death?Did an operation precede death? Date of Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. D. Weaver, M. D.(Address) , 19

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. ~~Place of Burial~~, Cremation, or Removal

Date of Burial

Couch Hospital July 18 1932

20. Undertaker

Address

J. H. Drake Logan Falls

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington
City of Weiser
No. East Comm. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S205235**

Registration District No. 86 State File No. 1012
(If born in hospital or institution give name.) Prim. Registration District No. 1012 Local Registrar's No. 10

FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>8-2-</u> <u>1932</u> (Month) (Day) (Year)
--------------	---	---------	--------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 0
Born alive but now dead 0 Stillborn 1

FATHER		MOTHER	
FULL NAME	<u>Mark Andrew Smith</u>	FULL MAIDEN NAME	<u>Wendy May Lillard</u>
Residence (Usual place of abode)	<u>Weiser Idaho</u>	Residence (Usual place of abode)	<u>Weiser Idaho</u>
If non-resident, give place and State		If non-resident, give place and State	
Color or race <u>white</u>	Age at last Birthday <u>19</u> (Years)	Color or race <u>white</u>	Age at last Birthday <u>16</u> (Years)
Birthplace <u>Knoxville Tenn.</u>	(City and State or County)	Birthplace <u>Weiser Idaho</u>	(City and State or County)
Occupation <u>Truck driver</u>		Occupation <u>Housewife</u>	

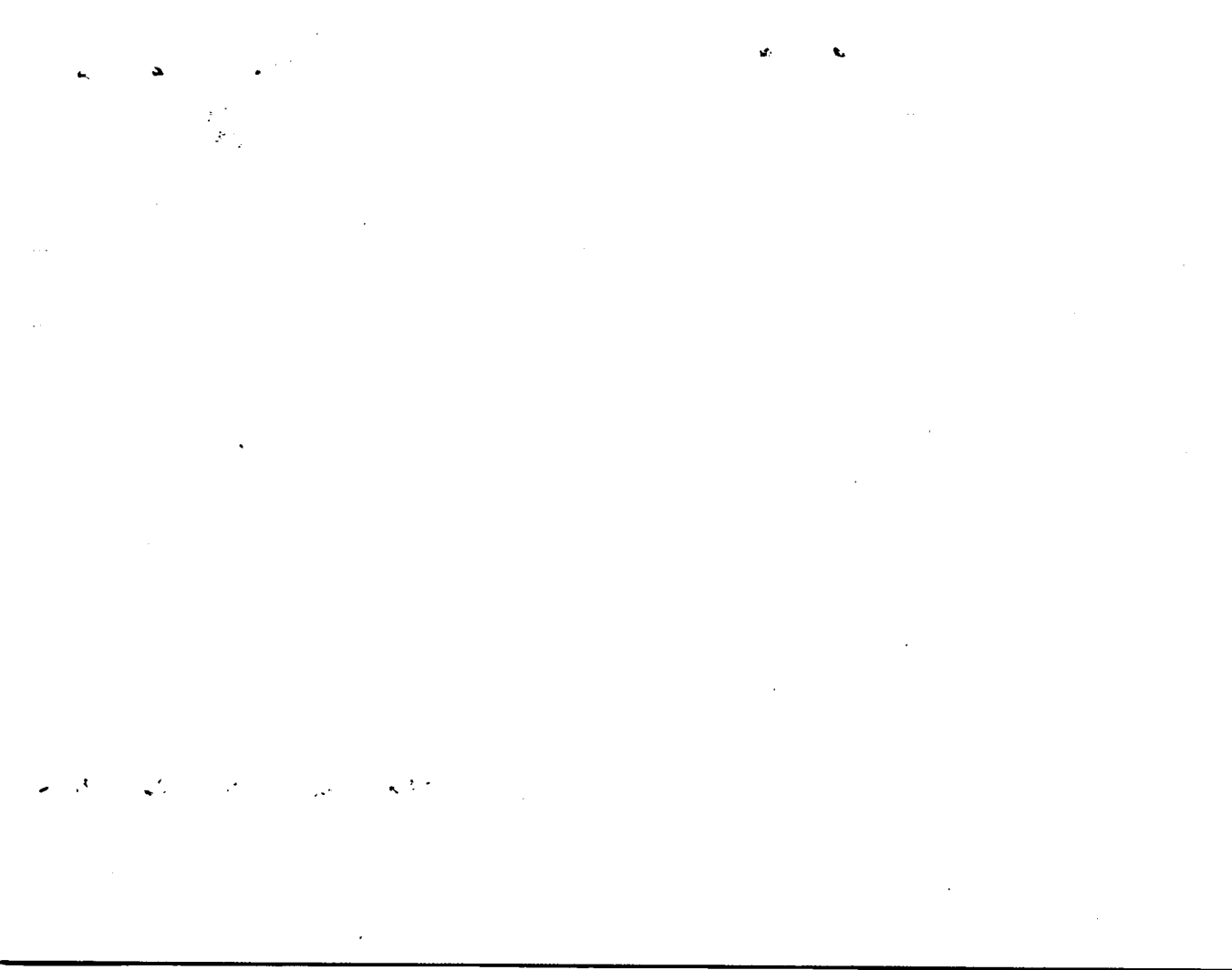
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 9:30 P. M. on the date above stated.

(Signature) Hyman Hancha, M.D.
Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Weiser Idaho
Filed 8-4 1932 W. P. Hamilton
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 10 1932

STATE OF IDAHO

PLACE OF DEATH

 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

80504

State File No.

County of WashingtonCity of WenatcheeRegistration District No. 86Primary Registration District No. 1010Local Registrar's No. 10
 (No.)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Baby Smith (Stillborn)(a) Residence. No. St. E. Commercial

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 2, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wenatchee - Washington
(State or country) 2 labor13. NAME Stillborn Mack Andrew Smith14. BIRTHPLACE (city or town) Knoxville - Tennessee
(State or country)15. MAIDEN NAME Dorothy May Lilford16. BIRTHPLACE (city or town) Wenatchee - 2 labor
(State or country)17. INFORMANT Mack Andrew Smith Wenatchee
(Address)18. BURIAL, CREMATION, OR REMOVAL Place Wenatchee Date, 19319. UNDERTAKER W. H. Hamilton
(Address)20. FILED 9-6, 1932 W. H. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug 2, 1932, to Aug 2, 1932

I last saw him alive on, 1932; death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

StillbirthAug 2-1932

Other contributory causes of importance:

Name of operation..... Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. H. Hamilton, M. D.(Address) Wenatchee - 2 labor

E. J.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Bannock RECEIVED SEP 1932 STATE OF IDAHO
County of Bannock DEPARTMENT OF PUBLIC WELFARE
City of Lava Hot Springs BUREAU OF VITAL STATISTICS
No. _____ St. _____ CERTIFICATE OF BIRTH 205334
Registration District No. 84 State File No. _____
(If born in hospital or institution
give name.) Municipal Sanitarium Registration District No. 2161 Local Registrar's No. 1079

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate <u>Yes</u>	Date of birth <u>Aug 22 1932</u> (Month) (Day) (Year)
----------------------------	---	---	----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 7 (a) Born alive and now living 6
Born alive but now dead _____ Stillborn 0

FATHER FULL NAME <u>Ray Edmond Faulkner</u> Residence (Usual place of abode) <u>Chesterfield Mo</u>	MOTHER FULL MAIDEN NAME <u>Margaret Emma Whaley</u> Residence (Usual place of abode) <u>Chesterfield Mo</u>
---	---

If nonresident, give place and State _____	If nonresident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>47</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>43</u> (Years)
Birthplace <u>Greens River Wyo</u> (City and State or Country)	Birthplace <u>Downey Idaho</u> (City and State or Country)
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>

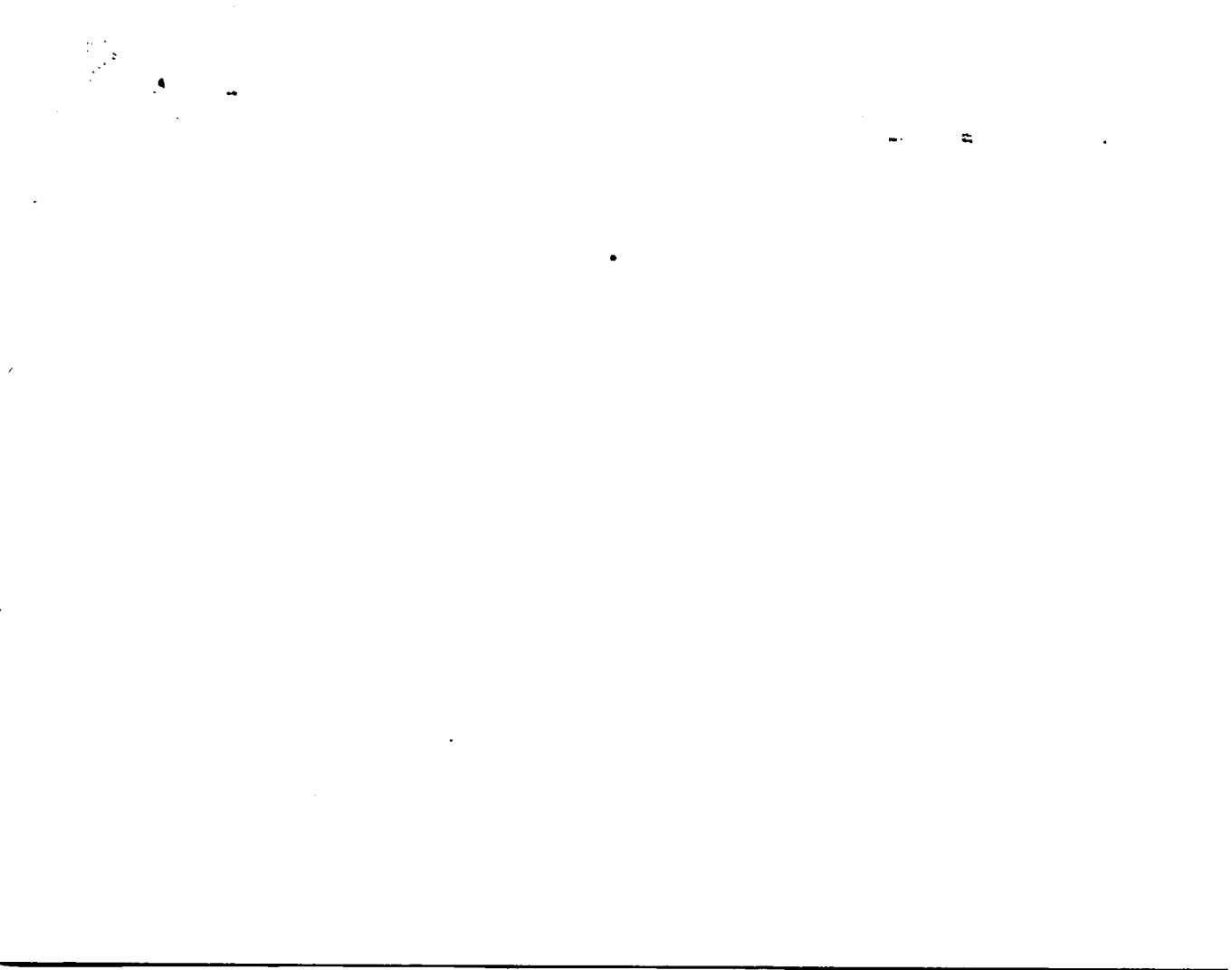
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillbirth (Born alive) at 7:40 A. M.
on the date above stated.

(Signature) L. A. Rich
M.D.
(Physician or midwife)

Address Lava Hot Springs Ida
Filed Aug 31-1932 Mrs. G. E. Fife
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **80280**

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161

Local Registrar's No. 267

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stilbirth
(a) Residence. No. Charterfield Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Aug 22, 1932
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stilbirth
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9. BIRTHPLACE (city or town) (State or country) Lava Hot Springs Idaho

10. NAME OF FATHER Roy Edmond Faulkner

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Green River Wyo

12. MAIDEN NAME OF MOTHER Margaret Emma Wahely

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Downey Idaho

14. Informant Copy from birth certificate
(Address) D. A. Rich

15. Filed Aug 31, 1932 Mrs. G. F. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 22, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from On Aug 22, 1932, to Aug 22, 1932,
that I last saw her alive on Aug 22, 1932,
and that death occurred, on the date stated above, at 7:40 a.m.
The CAUSE OF DEATH* was as follows:

Placenta Previa

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) B. A. Rich M. D.

8-22-1932 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

19

20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Grace
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **205339**

Registration District No. 84 State File No. _____

Prim. Registration District No. 2161 Local Registrar's No. 1068

2. FULL NAME OF CHILD

3. Sex Fe If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Aug 11 1932, 193____ (MONTH, DAY, YEAR)

9. Full name FATHER
Elmo Hugh Paak
10. Residence (usual place of abode) (If non-resident, give place and state) Grace, Ida
11. Color or race Wh 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Kamas Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Independent
16. Date (month and year) last engaged in this work Aug 1932 17. Total time (years) spent in this work Life

18. Full maiden name MOTHER
Leona Blanch Beckstead
19. Residence (usual place of abode) (If non-resident, give place and state) Grace
20. Color or race Wh 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or country) Salem Utah
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Aug 1932 26. Total time (years) spent in this work 6

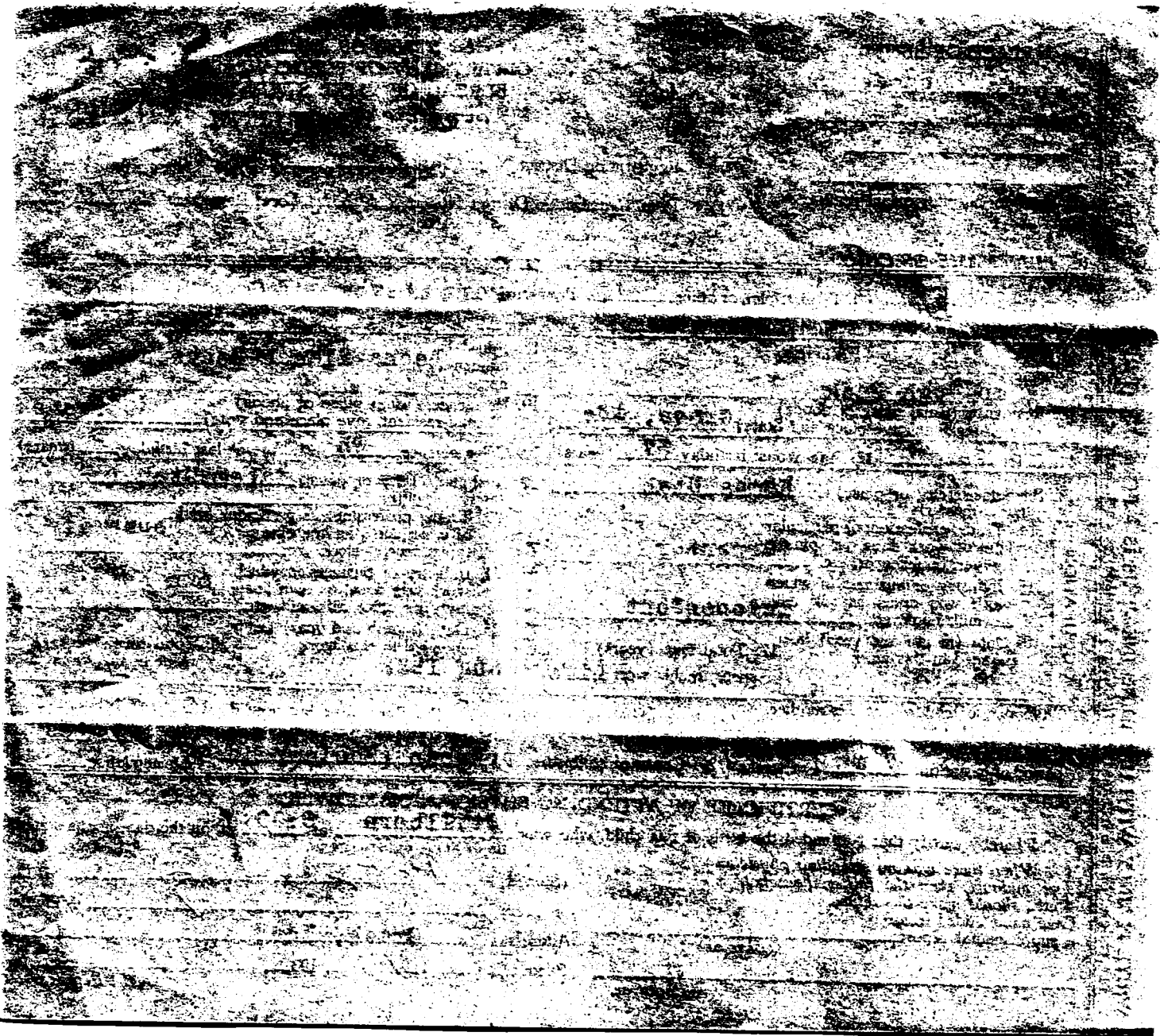
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 3
28. If stillborn, period of gestation 7 mo { months or weeks } 29. Cause of stillbirth unknown (Ecolampsia) { Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:00 AM on the day Aug 11 1932, as stated. (BORN ALIVE OR STILLBORN)
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
Give name added from a supplemental report _____ (DATE OF) _____

(Signed) B. J. Gering, M. D.
or _____, Midwife
Address Grace, Ida
Filed Aug 31 - 1932 Mr. G. G. Felt Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of BannockCity of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
1932 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 87Primary Registration District No. 2161

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

St.
(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

Wh5. Single, Married, Widowed,
or Divorced single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 11 1932

7. AGE

Years

Months

Days

If LESS than
1 day, 6 hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Grace, Ida

MOTHER, FATHER

13. NAME Elmo Hugh Paak14. BIRTHPLACE (city or town)
(State or country) Kamas Utah15. MAIDEN NAME Leona Blanch Beckstead16. BIRTHPLACE (city or town)
(State or country) Salem Utah17. INFORMANT
(Address)Elmo Paak18. BURIAL, CREMATION, OR REMOVAL
PlaceAug 11 1932 Grace, Ida19. UNDERTAKER
(Address)

20. FILED , 193

Registrar.

DO NOT WRITE IN THIS SPACE

80279

State File No.

Local Registrar's No. 264

206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 11 1932

22. I HEREBY CERTIFY, That I attended deceased from.....

Aug 11 1932, 193....., to Aug 11 1932

I last saw h..... alive on....., 193.....: death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance
were as follows:

Date of onset

Still birth. (Macerated
fetus 7 mo - born at time
of full gestation).

Other contributory causes of importance:
Maternal Eclampsism

Name of operation..... Date of.....
What test confirmed diagnosis? Hist & Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.....(Signed) B. F. 3, M. D.(Address) Grace, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH

County of Bear Lake
City of Lamar
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 205382

Registration District No. 53 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. 31

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature X 7. Legitimate? yes 8. Date of birth Aug 2, 1932
5. Number, in order of birth _____ Full term _____ (MONTH, DAY, YEAR)

9. Full name FATHER Johnny V. Burr
10. Residence (usual place of abode) Lamar
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Idaho
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Mabel Hortense Bateman
19. Residence (usual place of abode) Lamar
(If non-resident, give place and state)
20. Color or race W 21. Age at last birthday 32 (years)
22. Birthplace (city or place) Idaho
(State or country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, { months { 29. Cause of stillbirth Unknown } Before labor {
period of gestation { or weeks } During labor {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6.55 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician {
or midwife, then the father, householder, {
etc., should make this return.

Give name added from _____
a supplemental report _____

(DATE OF)

(Signed) O. O. Morris, M. D.

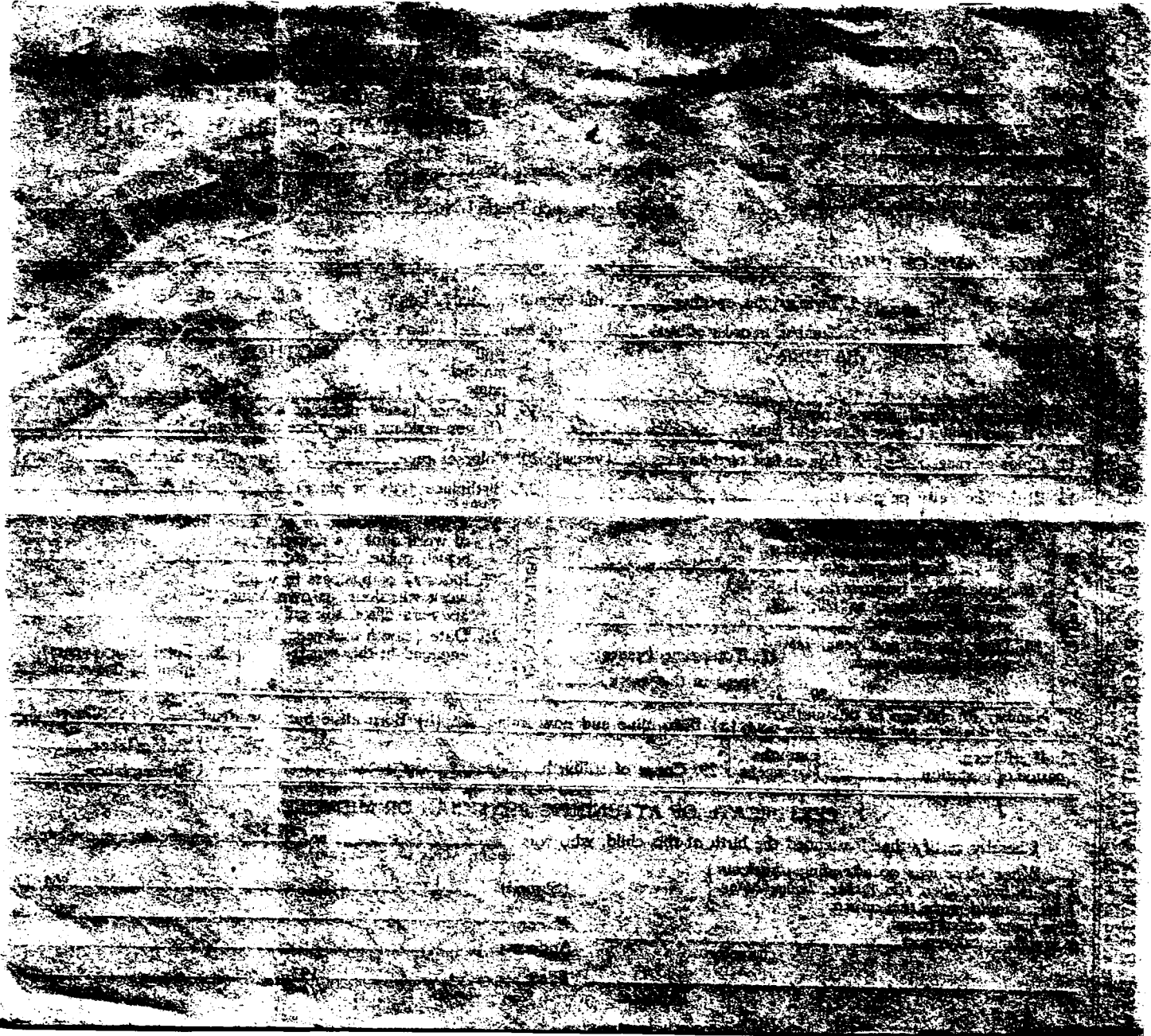
or _____, Midwife

Address Paris Idaho

Filed Aug 31, 1932 Mrs. B. B. B. B.

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bear Lake
City of Lamar

Registration District No. 53
Primary Registration District No. _____

DO NOT WRITE IN THIS SPACE

80290

State File No. _____

Local Registrar's No. 12

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unamed

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug 21/1932

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) Idaho

13. NAME Johnny V. Burr

14. BIRTHPLACE (city or town) _____
(State or country) Idaho

15. MAIDEN NAME Mabel Hortense Bateman

16. BIRTHPLACE (city or town) _____
(State or country) Idaho

17. INFORMANT _____
(Address) C. J. Moore
Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lamar Date Aug 3, 1932

19. UNDERTAKER E. D. Hyman
(Address) Paris Idaho

20. FILED Aug 31, 1932 Mrs. Beulah Hesse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h..... alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Premature
Cause unknown

Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. J. Moore M. D.(Address) Paris Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

438-206-006-314

1. PLACE OF BIRTH

County of Bingham
City of Shelley
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 121 State File No. S
Prim. Registration District No. 2194 Local Registrar's No. 514

2. FULL NAME OF CHILD

3. Sex girl If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 8-6-, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Geo. Ira Mc Melley
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley
11. Color or race white 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) Escalante Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19 _____

18. Full maiden name MOTHER Larah Irene Ladd
19. Residence (usual place of abode) (If non-resident, give place and State) Shelley
20. Color or race white 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or country) Garfield Utah
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19 _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 7 months { or weeks _____ } 29. Cause of stillbirth Unknown { Before labor _____ } { Mother was anemic _____ } { During labor yes _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 2:30 p.m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Edmund C. Culee, M. D.

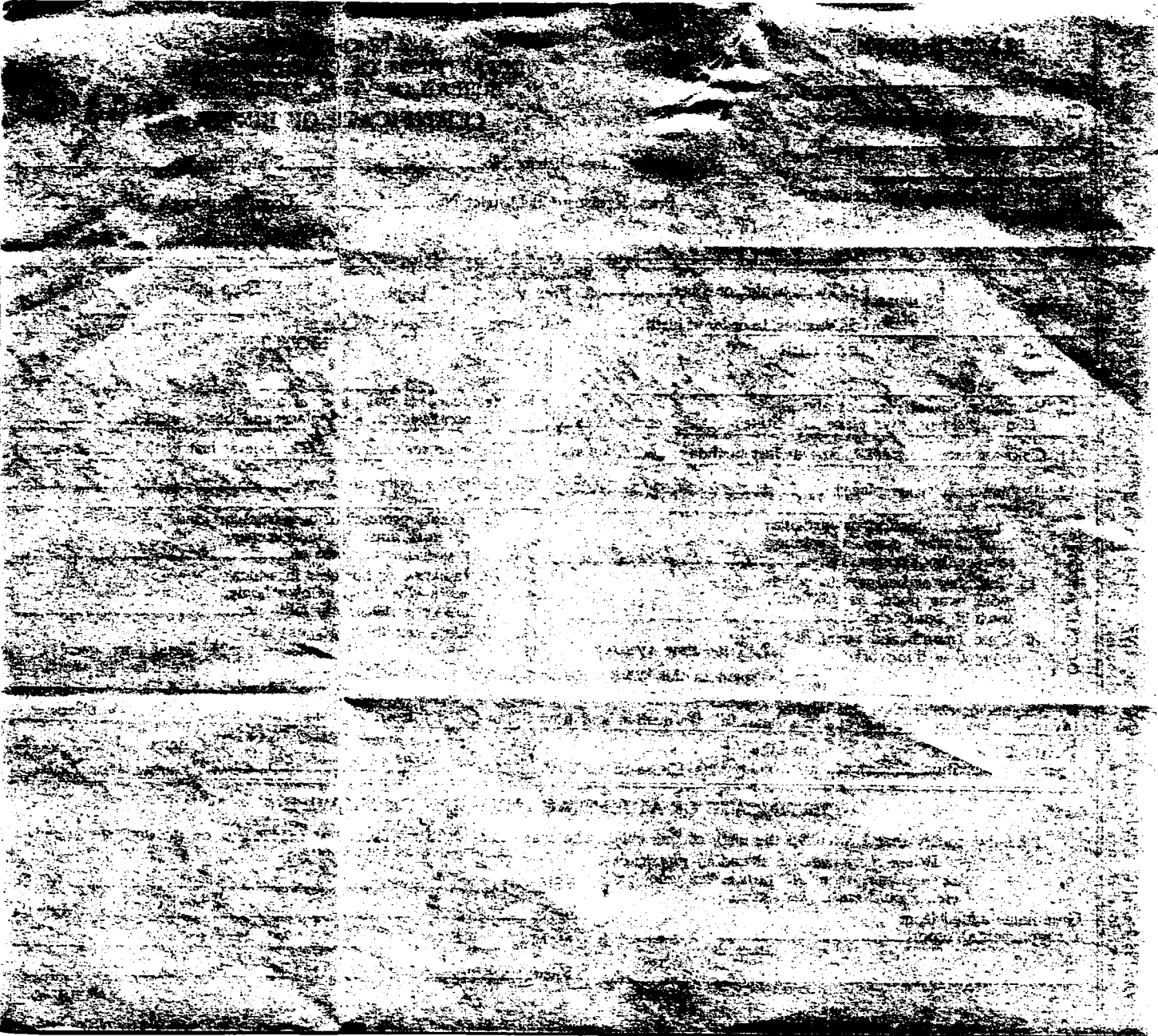
Give name added from a supplemental report _____ (DATE OF) _____

or _____, Midwife

Address Box 86 Shelley
Filed Sept. 2, 1932 Mrs. Helen E. Davis

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 80299 State File No.	
County of <u>Burgham</u>		Registration District No. <u>131</u>		Local Registrar's No. <u>110</u>	
City of <u>Goshen</u>		Primary Registration District No. <u>2194</u>			
(If deceased (No. <u>1</u>) died in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby, McInelly (stillborn)</u>					
(a) Residence. No. <u>R. T. Shelly</u> St. <u>yo</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Still born</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>8-6-1932</u>					
7. AGE Years Months Days		If LESS than 1 day, hrs. or min.			
<u>Still born</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____				11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>Goshen Idaho</u>					
FATHER					
13. NAME <u>George McInelly</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Escondido Utah</u>					
MOTHER					
15. MAIDEN NAME <u>Sarah Dugg Ladd</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Garfield Utah</u>					
17. INFORMANT (Address) <u>Ernest McInelly - R. T. Shelly, Goshen</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shelly</u> Date <u>8-7-1932</u>					
19. UNDERTAKER (Address) <u>Wool</u>					
20. FILED <u>Aug 7</u> , 1932 <u>Mr. Thos E. Patience</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8-6-1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>birth</u> , 193 <u>2</u> , to <u>death</u> , 193 <u>2</u> .					
I last saw h. <u>Still born</u> , 193 <u>2</u> : death is said to have occurred on the date stated above, at <u>2:30 P. M.</u> - The principal cause of death and related causes of importance were as follows: <u>Unknown. Probably occurred 6 hours before birth. Child was very poor + emaciated</u>					
Other contributory causes of importance: <u>Mother's health was poor during entire period of gestation. Numerous vomiting & convulsions of varying severity.</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Edwin C. Cullen</u> , M. D. (Address) <u>Box 86 Shelly Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon
City of Nampa
No. Lamarite St.
Hospital

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>7 27 1932</u> (Month) (Day) (Year)
----------------------------	-----------------------------------	-----------------------------------	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. (a) Born alive and now living

Born alive but now dead Stillborn yes

FULL NAME <u>Ernest Ray Allen</u>	FATHER	FULL MAIDEN NAME <u>Ruth Ida Grim</u>	MOTHER
-----------------------------------	--------	---------------------------------------	--------

Residence (Usual place of abode) Nampa, Idaho

If non-resident, give place and State

Color or race W Age at last Birthday 23 (Years)

Birthplace Franklin Idaho (City and State or County)

Occupation farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.

(Signature) W C Holt

(Physician or midwife)

Address Nampa, Idaho

Filed Sept 5 1932 Lyda Rodgers
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

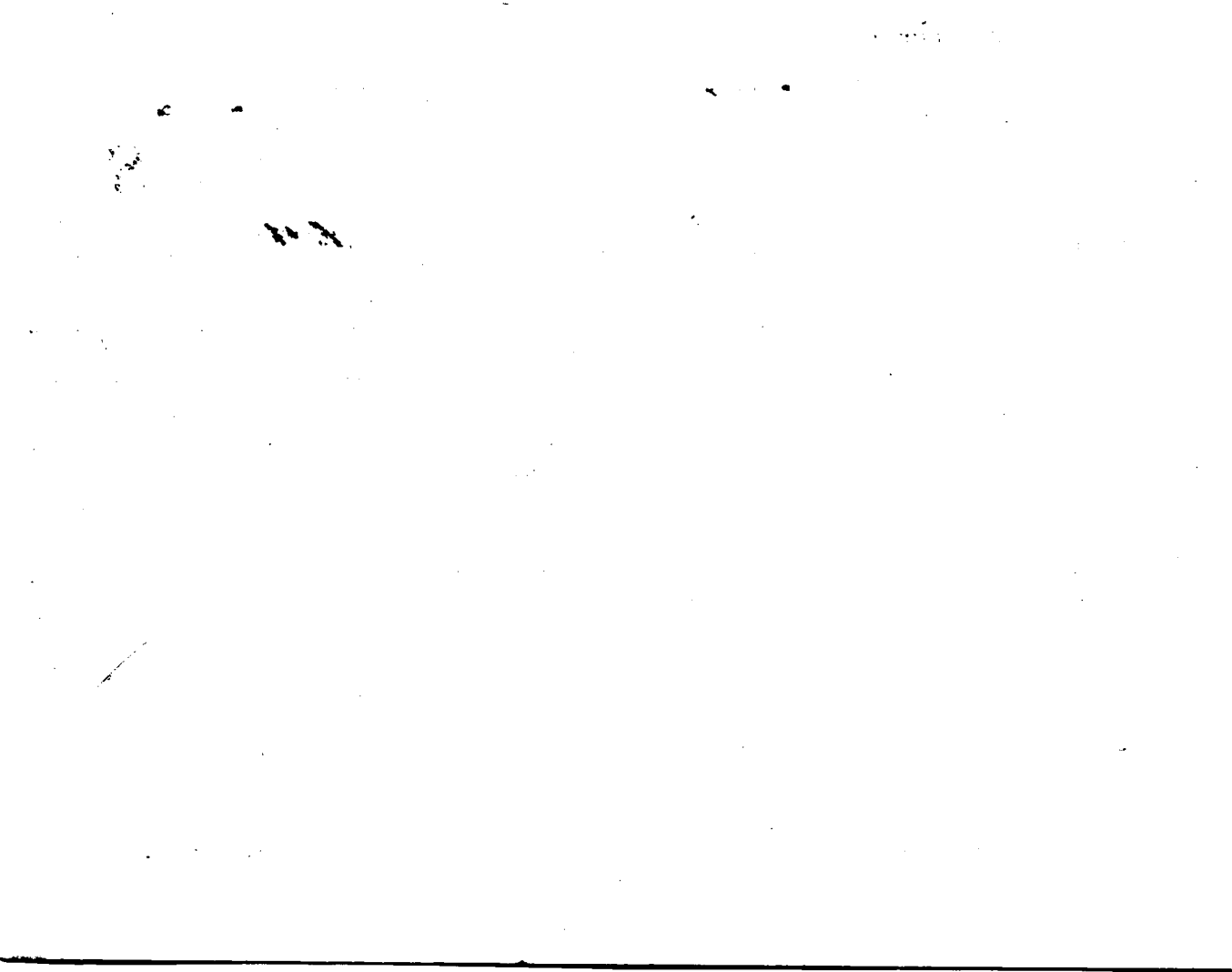
CERTIFICATE OF BIRTH

205514

Registration District No. 7 State File No. S

Prim. Registration District No. 1006 Local Registrar's No. 176

Stillborn



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>		CERTIFICATE OF DEATH		State File No. <u>80062</u>	
City of <u>Naupaka</u>		Registration District No. <u>7</u>			
		Primary Registration District No. <u>2-286</u>		Local Registrar's No. <u>88</u>	
		(No. <u>Nagasaki Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Marlene Allen</u>					
(a) Residence. No. <u>Rural</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>7/27/32</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Naupaka Idaho</u> (State or country)					
13. NAME <u>Ernest Allen</u>					
14. BIRTHPLACE (city or town) <u>Naupaka</u> (State or country)					
15. MAIDEN NAME <u>Ruth Grum</u>					
16. BIRTHPLACE (city or town) <u>Nebo</u> (State or country)					
17. INFORMANT <u>E. Allen</u> (Address) <u>Naupaka Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Naupaka</u> Date <u>7-28</u> , 193 <u>2</u>					
19. UNDERTAKER <u>F. K. Robinson</u> (Address) <u>Naupaka Idaho</u>					
20. FILED <u>Aug 4</u> , 193 <u>2</u> <u>Lyla Rogers</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7-27</u> , 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 27</u> , 193 <u>2</u> , to <u>July 27</u> , 193 <u>2</u>					
I last saw her alive on _____, 193 <u>2</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still Born</u>					
Other contributory causes of importance:					
<u>Hydrocephalus</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>W. C. Kola</u> , M. D.					
(Address) <u>Naupaka, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

115-114-06-493

1. PLACE OF BIRTH

County of Cassia
City of Burley
No. 1 St.

(If born in hospital or institution give name.)

RECEIVED SEP 8 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 205556

Registration District No. 19 State File No.

Prim. Registration District No. 2015 Local Registrar's No. 128

2. FULL NAME OF CHILD

Arden Grant Manning

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth July 19, 1932 (MONTH, DAY, YEAR)
5. Number, in order of birth 10 Full term yes mate? yes

9. Full name of FATHER William S. Manning

10. Residence (usual place of abode) (If non-resident, give place and State) Rupert

11. Color or race wh 12. Age at last birthday 47 (years)

13. Birthplace (city or place) (State or country) Caryville Tenn

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work July, 1932

17. Total time (years) spent in this work 24

28. If stillborn, period of gestation 9 months or weeks

29. Cause of stillbirth Toxemia

27. Number of children of this mother (A time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 1

I hereby certify that I attended the birth of this child, who was Stillborn at 9 p.m. on the date above stated. (BORN ALIVE OR STILLBORN)
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) L. M. Kelly, M. D.
or _____ Midwife
Address Rupert Idaho
Filed Aug 13, 1932 Ed Elmore Registrar.

Give name added from a supplemental report _____ (DATE OF) _____ Registrar.

CH 10

CH 10

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CH 10

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>Grangeville</u> No. <u>385-224-015-363</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 205656 Registration District No. <u>103</u> State File No. <u>2</u> Prim. Registration District No. <u>1001</u> Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Oakland Melva Chase</u>			
3. Sex <u>Female</u>	4. Twin, triplet, or other _____ If plural births { 5. Number, in order of birth _____	6. Premature <u>X</u> Full term _____	7. Legitimate? <u>yes</u>
8. Date of birth <u>July 29</u> , 193 <u>2</u> (MONTH, DAY, YEAR)			
9. Full name FATHER <u>Elmer Chase</u>		18. Full maiden name MOTHER <u>Mary E. Cochran</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Grangeville</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Grangeville</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>52</u> (years)		21. Age at last birthday <u>44</u> (years)	
13. Birthplace (city or place) (State or country) <u>Texas</u>		22. Birthplace (city or place) (State or country) <u>Washington</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own</u>
	16. Date (month and year) last engaged in this work <u>July 29</u> , 19 <u>32</u>		25. Date (month and year) last engaged in this work <u>July 29</u> , 19 <u>32</u>
17. Total time (years) spent in this work <u>30</u>		26. Total time (years) spent in this work <u>24</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>12</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
28. If stillborn, period of gestation <u>term</u> { months _____ or weeks _____		29. Cause of stillbirth <u>Albuminuria</u> Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 3 PM m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) J. D. Shinnick M. D.

or _____ Midwife

Give name added from
a supplemental report _____

Address Grangeville, Idaho

Filed 9, 1932 B. Chipman Registrar.

Registrar.

10/17/77

10/17/77



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 7 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

80397

State File No.

PLACE OF DEATH

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 2/

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oakland Melva Chase

(a) Residence. No. 420 North Fifth St. St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 29, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grangeville, Idaho
(State or country)

13. NAME Elmer Chase

14. BIRTHPLACE (city or town) Texas
(State or country)

15. MAIDEN NAME Mary Cochran

16. BIRTHPLACE (city or town) Washington
(State or country)

17. INFORMANT Mrs. Elmer Chase
(Address) Grangeville, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville Date July 29, 1932

19. UNDERTAKER Duggan, M.D., Co.
(Address) Grangeville, Idaho

20. FILED 9/1, 1932 B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1932, to July 29, 1932.

I last saw him alive on July 29, 1932. death is said to have occurred on the date stated above, at 3 PM.

The principal cause of death and related causes of importance were as follows:

Aluminuria-stillbirth

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 1932.

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) D. D. Shumaker M. D.

(Address) Grangeville, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

205675

Registration District No. 18 State File No. S

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Elsie May Flick Stillborn

3. Sex Female 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Aug 3, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Charles Flick 18. Full maiden name MOTHER Mary E Eakins

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and state) _____

11. Color or race W 12. Age at last birthday 24 (years) 20. Color or race W 21. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or country) Va. 22. Birthplace (city or place) (State or country) Colo

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____
OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 6 (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Stillborn 7:15 m. on the date above stated.
(SIGNATURE OF STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____ (DATE OF) _____

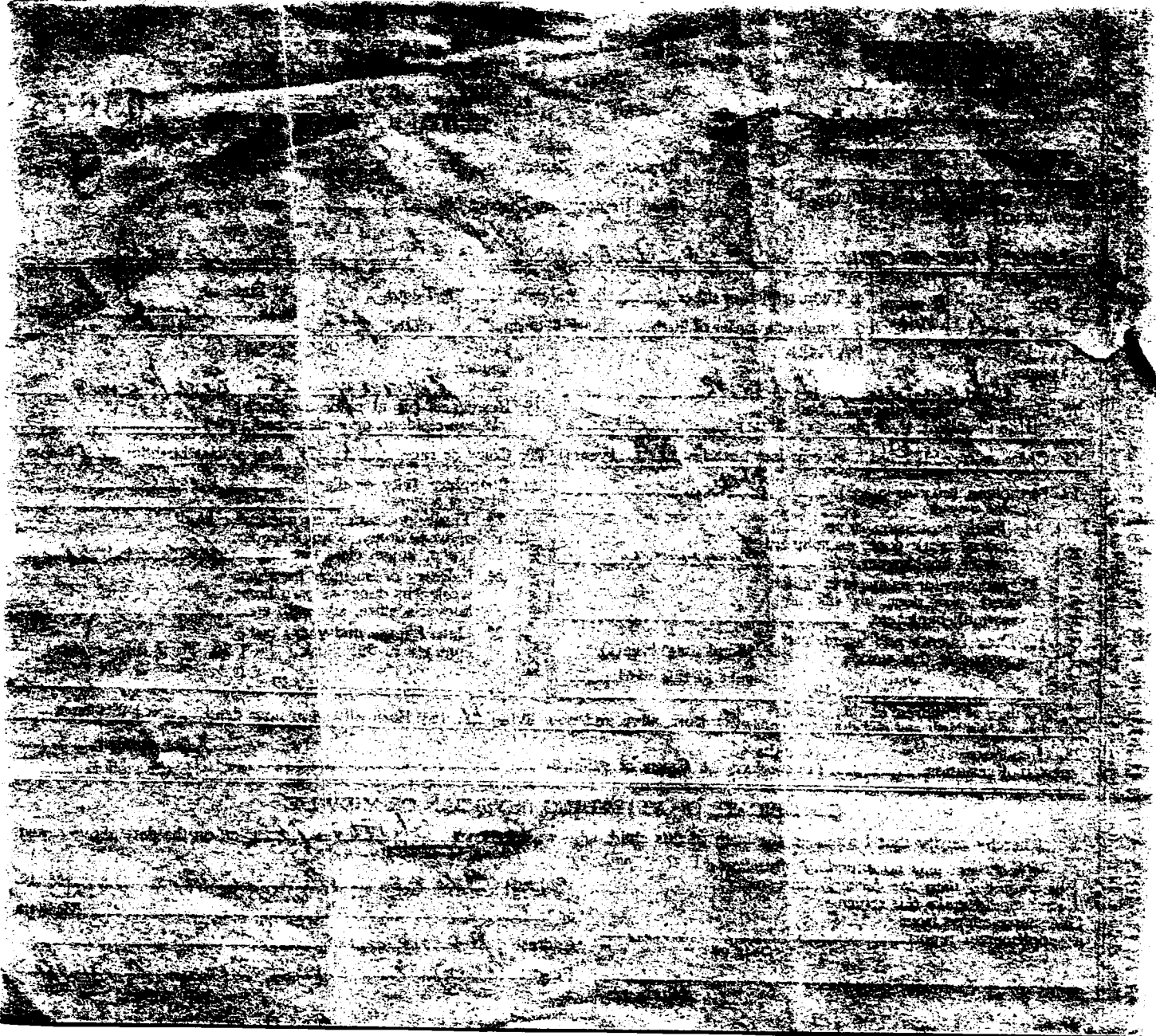
(Signed) Chas. F. Zeller, M. D.

or _____, Midwife

Address Jerome Idaho

Filed Aug 5, 1932 Chas. F. Zeller Registrar

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 10 1932
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81388

State File No.

County of JeromeCity of JeromeRegistration District No. 18

Primary Registration District No.

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Elsie May Flick St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word)

Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 3/32

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Idaho

13. NAME

Charles Flick

14. BIRTHPLACE (city or town) (State or country)

Va

15. MAIDEN NAME

Mary E. Eskins

16. BIRTHPLACE (city or town) (State or country)

Colo

17. INFORMANT (Address)

Charles Flick

18. BURIAL, CREMATION, OR REMOVAL

Place JeromeDate Aug 4, 1932

19. UNDERTAKER (Address)

20. FILED Aug 5, 1932Chas F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug 4, 1932, to Aug 4, 1932I last saw him alive on Aug 4, 1932; death is saidto have occurred on the date stated above, at Jerome m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still Born Infant due to Acute nephritis of mother

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. F. Zeller, M. D.(Address) Jerome, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—In case of more than one child, fill out a separate form for each and the number of birth stated.

PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene

No. _____ St.

Name Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

205683

Registration District No. 30 State File No. S, 108
Prim. Registration District No. 1050 Local Registrar's No. _____

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>August 27</u> 19 <u>32</u>
					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living _____

Born alive but now dead _____ Stillborn Stillborn

FATHER
FULL NAME Clarence Johnson
Residence (Usual place of abode) Coeur d'Alene, Idaho

MOTHER
FULL MAIDEN NAME Rita Coulson
Residence (Usual place of abode) Coeur d'Alene, Idaho

If non-resident, give place and State _____
Color or race White Age at last Birthday 35 (Years)
Birthplace Idaho
(City and State or County)
Occupation Dairy Man

If non-resident, give place and State _____
Color or race White Age at last Birthday 34 (Years)
Birthplace Idaho
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 A. M. on the date above stated.

(Signature) John Elwood

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Coeur d'Alene, Idaho
Filed 8-29 1932 M. H. Hargree Registrar.

100

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah
City of PottlatchNo. Pottlatch Hospital St.

(If born in hospital or institution give name.)

Registration District No. 65State File No. SPrim. Registration District No. 2145 Local Registrar's No. S2. FULL NAME OF CHILD Stillbirth

3. Sex <u>female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug. 11, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Claude Slagle</u>	FATHER	5. Number, in order of birth	Full term <u>yes</u>	18. Full maiden name <u>Letha Myrtle Nolan</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pottlatch</u>	11. Color or race <u>White</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Pottlatch</u>		20. Color or race <u>White</u>
13. Birthplace (city or place) (State or country) <u>Tennessee</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		22. Birthplace (city or place) (State or country) <u>Pottlatch</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>	16. Date (month and year) last engaged in this work <u>August, 1932</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		25. Date (month and year) last engaged in this work <u>August, 1932</u>
17. Total time (years) spent in this work <u>30</u>	27. Number of children of this mother (At time of this birth and including this child) <u>3</u>		26. Total time (years) spent in this work <u>10</u>		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>
28. If stillborn, period of gestation <u>9</u> months or weeks	29. Cause of stillbirth <u>Malposition</u>		Before labor <u>yes</u>		During labor <u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn 9:22 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. C. Gibson, M. D.

or _____, Midwife

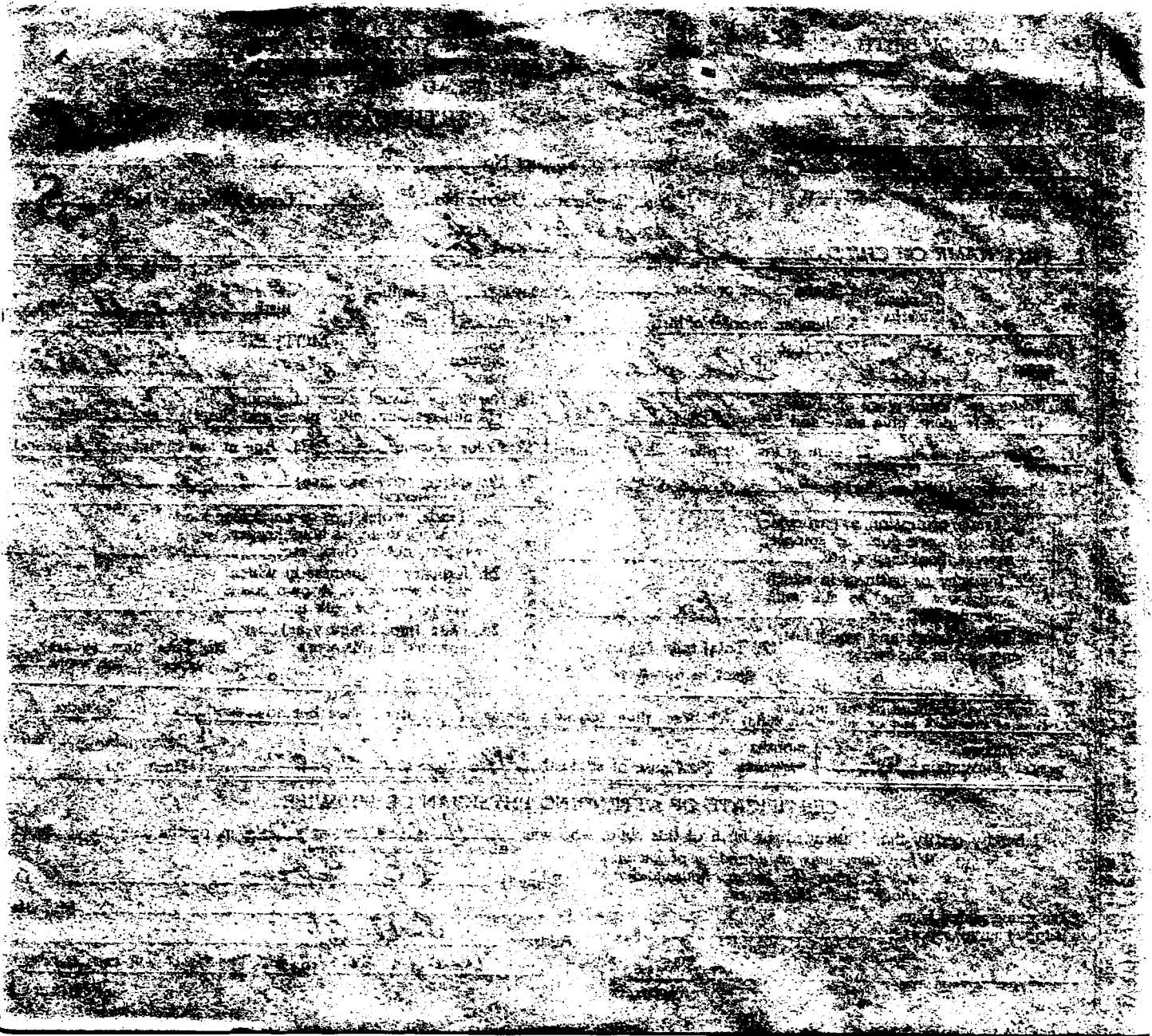
Address PottlatchFiled Aug. 20, 1932 D. J. W. Thompson

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.



SEP 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of LatahCity of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 65Primary Registration District No. 2145(No. Potlatch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Slagle

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 11, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Potlatch, Idaho
(State or country)

13. NAME Claud Slagle

14. BIRTHPLACE (city or town) Caryville, Tenn.
(State or country)

15. MAIDEN NAME Letha Myrtle Nolan

16. BIRTHPLACE (city or town) Near Potlatch, Ida.
(State or country)

17. INFORMANT Claud Slagle
(Address) Garfield Wash

18. BURIAL, CREMATION, OR REMOVAL
Place Breeze Date Aug. 14 1932

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash

20. FILED Aug 12, 1932 J. M. Thompson

DO NOT WRITE IN THIS SPACE

80418

State File No. _____

Local Registrar's No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw him alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. M. Thompson, M.D.(Address) Potlatch

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of each, in order of birth, stated.

1. PLACE OF BIRTH

County of Latah
City of Pottlatch
No. _____ St. _____

SEP 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 205709

S

(If born in hospital or institution
give name.)

Registration District No. 65 State File No. _____
Prim. Registration District No. 2145 Local Registrar's No. _____

2. FULL NAME OF CHILD Doris Jean West. (Stillborn)

3. Sex Female If plural births } 4. Twin, triplet, or other ✓ 6. Premature yes 7. Legiti-
mate? yes 8. Date of birth Aug. 11, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER
Wilbur West.
10. Residence (usual place of abode)
(If non-resident, give place and State) Pottlatch
11. Color or race W 12. Age at last birthday 39 (years)

13. Birthplace (city or place)
(State or country) Idaho

OCCUPATION 14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year) last
engaged in this work Aug., 1932

17. Total time (years)
spent in this work 20 yrs

18. Full maiden name MOTHER
Olivia Campbell
19. Residence (usual place of abode)
(If non-resident, give place and State) Pottlatch
20. Color or race White 21. Age at last birthday 22 (years)
22. Birthplace (city or place)
(State or country) Oregon

OCCUPATION 23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Rented home
25. Date (month and year) last
engaged in this work Aug., 1932
26. Total time (years)
spent in this work 4 years

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 8 months } months
or weeks 29. Cause of stillbirth accidental fall on ground } Before labor yes
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1 P.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report _____

(Signed) _____, M. D.
or Mrs. Bert Bull, Midwife

Address Pottlatch

Filed Aug. 11, 1932 J. J. Thompson
Registrar.

Registrar.

PLEASE SEE US AT ATTENDING PHYSICIAN OR MEDICAL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

PLACE OF DEATH

County of Latah
 City of Potlatch

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 65
 Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
 State File No. 80419

Local Registrar's No. 206

(No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Stillborn) Doris Jen. West.

(a) Residence. No. Potlatch St. _____

(Usual place of abode)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. Single, Married, Widowed, or Divorced (write the word) single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓
 6. DATE OF BIRTH (month, day and year) Aug. 11th 1932
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.
✓ ✓ ✓ ✓ ✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer ✓

9. BIRTHPLACE (city or town) Potlatch
 (State or country)

PARENTS

10. NAME OF FATHER Willbur. West.
 11. BIRTHPLACE OF FATHER (city or town) Potlatch (State or Country) Idaho
 12. MAIDEN NAME OF MOTHER Mathe Jones
 13. BIRTHPLACE OF MOTHER (city or town) Kentucky (State or Country)

14. Informant Willbur. West.
 (Address) Potlatch

15. Filed Aug 11th 1932 D. J. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 11 1932
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓, 19✓, to ✓, 19✓, that I last saw h. ✓ alive on ✓, 19✓, and that death occurred, on the date stated above, at ✓ m. The CAUSE OF DEATH* was as follows:
Stillborn

(duration) yrs. mos. ds.
 CONTRIBUTORY Fall on ground of mother
 (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
 Did an operation precede death? ✓ Date of ✓
 Was there an autopsy? ✓
 What test confirmed diagnosis? ✓
 (Signed) J. J. Thompson, M. D.
Aug 11th 1932 (Address) Potlatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Ball Burial ground Date of Burial Aug 11th 1932
 20. Undertaker Parents Address Potlatch

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

2750

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
 County of Madison
 City of Archer
 No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO SEP 11 1932
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH 205745

Registration District No. 100 State File No. _____
 Prim. Registration District No. 2178 Local Registrar's No. 204

2. FULL NAME OF CHILD _____

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>8 10</u> 193 <u>2</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <input checked="" type="checkbox"/>		
9. Full name FATHER <u>Oliver Henry Johnson</u>			18. Full name MOTHER <u>Bertie Rebecca Weeks</u>		
10. Residence (usual place of abode) <u>Archer</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>Archer</u> (If non-resident, give place and State)		
11. Color of hair <u>White</u>		12. Age at last birthday <u>34</u> (years)	20. Color of hair <u>White</u>		21. Age at last birthday <u>29</u> (years)
13. Birthplace (city or place) <u>Utah</u> (State or country)			22. Birthplace (city or place) <u>Idaho</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____	
		17. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
28. If stillborn, <u>Full term</u> months or weeks		29. Cause of stillbirth <u>Strangulation of cord</u>		Before labor <input checked="" type="checkbox"/> During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

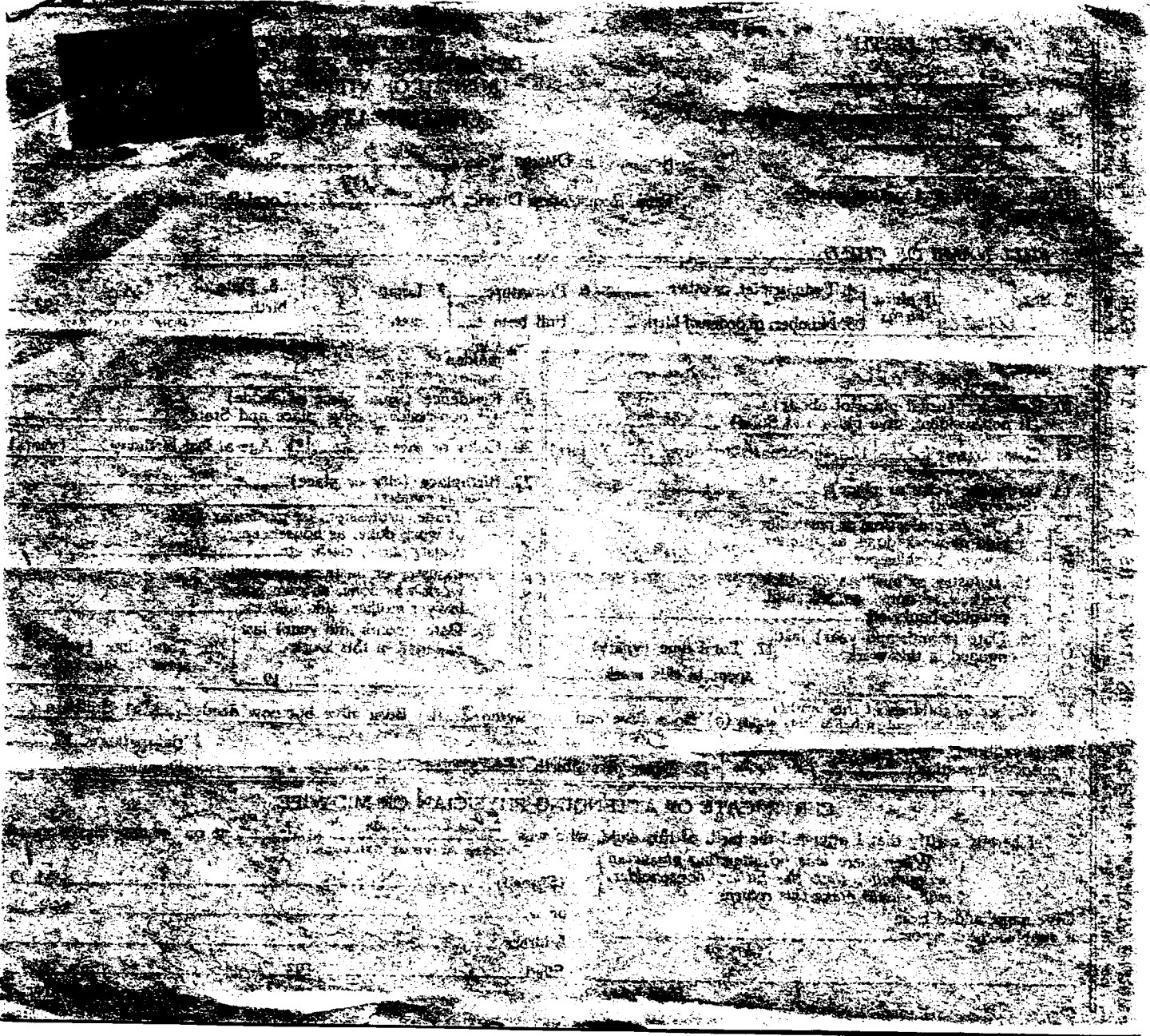
I hereby certify that I attended the birth of this child, who was Shreeburg at 12 20 m. on the date above stated.
 (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lavin St. Rich M. D.
 or Shreeburg Midwife
 Address Idaho
 Filed 9/8 1932
W. Young Registrar

Give name added from a supplemental report _____
 (DATE OF) _____

Registrar.



Every item of information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V, S. No. 6, M. 1-57 11 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Madison Registration District No. 100
City of Thornton Primary Registration District No. 2178
(No. St.)

State File No. 80428
Local Registrar's No. 33

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Baby Jefferson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

aug 10 1932
(Month) (Day) (Year)

7. AGE

Stillborn

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Archer

10. NAME OF FATHER

Olin Henry Jeppson

11. BIRTHPLACE OF FATHER

(State or Country) Brigham City Utah

12. MAIDEN NAME OF MOTHER

Bertha Rebecca Hecker

13. BIRTHPLACE OF MOTHER

(State or Country) Archer Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Olin H. Jeppson

(Address) Thornton, Ida. R#1

15.

Filed 8/11 1932 Regor
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 10 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
8 10 1932 to 8 10 1932

that I last saw him alive on 8 10 1932

and that death occurred on the date stated above, at M

The CAUSE OF DEATH* was as follows:

Strangulation of umbilical cord
Amniotic band

(Duration) yrs. mos. 1 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

Louis J. Rich M. D.

10 1932 (Address) Reebing Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Sutton Cemetery

8-11 1932

20. UNDERTAKER

ADDRESS

none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "**Laborer, "Foreman, "Manager, "Dealer, etc.,** without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers, who receive a definite salary,** may be entered as **Housewife, Housework, or At home,** and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH,** state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "**Epidemic cerebrospinal meningitis**"); **Diphtheria** (avoid use of "**Croup**"); **Typhoid fever** (never report "**Typhoid Pneumonia**") **Lobar pneumonia; Bronchopneumonia** ("**Pneumonia,**" unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "**Cancer**" is less definite; avoid use of "**Tumor**" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "**Asthenia, "Anaemia**" (merely symptomatic), "**Atrophy, "Collapse, "Coma, "Convulsions, "Debility, "Congenital, "Senile, etc., "Dropsy, "Exhaustion, "Heart Failure, "Hemorrhage, "Inanition, "Marasmus, "Old age, "Shock, "Uraemia, "Weakness, etc.,** when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "**Contributory.**"

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lapwai Idaho
No. _____ St. _____
RECEIVED SEP 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
205779

Registration District No. 128 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Stillborn

3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other <u>✓</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>7-24-1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Shel Mc Atty</u>	FATHER		18. Full maiden name <u>Stella Jackson</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lapwai Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Lapwai Idaho</u>		
11. Color or race <u>Indian</u>			20. Color or race <u>Indian</u>		
12. Age at last birthday <u>26</u> (years)			21. Age at last birthday <u>24</u> (years)		
13. Birthplace (city or place) (State or country) <u>Idaho</u>			22. Birthplace (city or place) (State or country) <u>Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>July 24-1932</u>				25. Date (month and year) last engaged in this work <u>July 24-1932</u>
17. Total time (years) spent in this work <u>1 1/2</u>			26. Total time (years) spent in this work <u>1 1/2</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>2</u>					
28. If stillborn, period of gestation <u>7 1/2 months</u>			29. Cause of stillbirth <u>Antenatal accident and Anencephalus</u>		
			Before labor _____ During labor <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:35 P.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

(Signed)

George Garwood, M. D.

or

Address

Filed

Culture Idaho
July, 1932 George Garwood
Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce</u>		Registration District No. <u>128</u>		<div style="border: 1px solid black; padding: 5px; display: inline-block;">80439</div>	
City of <u>Lapwai</u>		Primary Registration District No.		State File No.	
(No.)		(If death occurred in a hospital or institution give its name instead of street and number.)		206	
2. FULL NAME <u>Baby McCatty</u>		<u>Stillborn</u>			
(a) Residence. No.		St. <u>Julietta, Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Indian</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>July 24th, 1932</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) <u>July 24th, 1932</u>			, 193..., to, 193...	
7. AGE	Years	Months	Days	I last saw h..... alive on, 193...: death is said	
-----	-----	-----	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at m.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>				The principal cause of death and related causes of importance were as follows:	
				<u>Stillborn</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Date of onset	
				<u>7-24-32</u>	
10. Date deceased last worked at this occupation (month and year)				Other contributory causes of importance:	
				<u>Anencephalus</u>	
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Lapwai, Idaho</u>				Name of operation..... Date of.....	
(State or country)				What test confirmed diagnosis?..... Was there an autopsy?.....	
13. NAME <u>Abel McCatty</u>				23. If death was due to external causes (violence) fill in also the following:	
14. BIRTHPLACE (city or town) <u>Julietta, Idaho</u>				Accident, suicide, or homicide?..... Date of injury....., 193...	
(State or country)				Where did injury occur? (Specify city or town, county, and State)	
15. MAIDEN NAME <u>Stella Jackson</u>				Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) <u>Idaho</u>				Manner of injury.....	
(State or country)				Nature of injury.....	
17. INFORMANT <u>Abel McCatty</u>				24. Was disease or injury in any way related to occupation of deceased?	
(Address) <u>Julietta, Idaho</u>			 If so, specify.....	
18. BURIAL, CREMATION, OR REMOVAL				(Signed) <u>George Gaignard</u> , M. D.	
Place <u>Near Julietta, Idaho</u> <u>July 25th 1932</u>				(Address) <u>Julietta, Idaho</u>	
19. UNDERTAKER <u>Brower-Wann Company</u>					
(Address) <u>Lewiston, Idaho</u>					
20. FILED <u>July 22, 1932</u>					
Registrar. <u>George Gaignard</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. 258-114040-691
PLACE OF BIRTH

County of SHOSHONE

City of KELLOGG

No. _____ St.

PROVIDENCE HOSPITAL

(If born in hospital or institution give name.)

Registration District No. 70 State File No. _____

Prim. Registration District No. 1011 Local Registrar's No. 75

2. FULL NAME OF CHILD BABY SNYDER

3. Sex MALE	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? YES	8. Date of birth <u>August 14, 1932</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>THEO SNYDER</u>			18. Full maiden name MOTHER <u>CLEO FRAZIER</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>CATALDO</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>CATALDO</u>		
11. Color or race <u>AM.</u>		12. Age at last birthday <u>30</u> (years)	20. Color or race <u>AM.</u>		21. Age at last birthday <u>32</u> (years)
13. Birthplace (city or place) (State or country) <u>WASHINGTON</u>			22. Birthplace (city or place) (State or country) <u>MISSOURI</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>STORE KEEPER</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work <u>PRESENT</u> , 19____			25. Date (month and year) last engaged in this work _____, 19____	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			28. If stillborn, <u>nine months</u> months period of gestation _____ or weeks		
29. Cause of stillbirth <u>Premature detachment of placenta</u>			Before labor <u>X</u> During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:00 A. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report _____
(DATE OF)

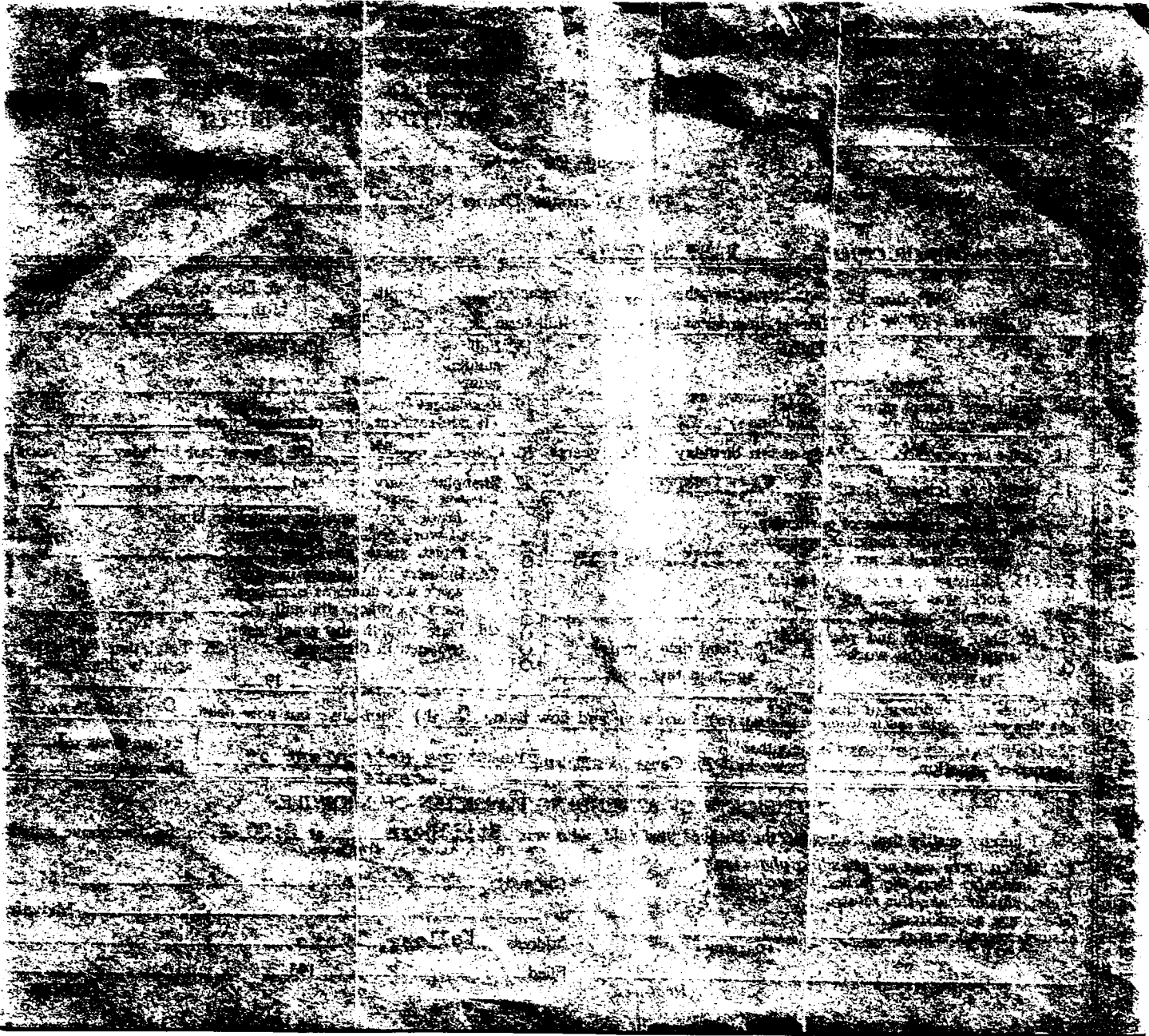
(Signed) M. D. _____, M. D.

or _____, Midwife

Address Kellogg, Idaho.

Filed Sept 2, 1932 C. S. Storer
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 9 1937

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 80460	
County	<i>Shoshone</i>	Registration District No.	<i>70</i>	State File No.	
City	<i>Mailrose</i>	Primary Registration District No.	<i>1011</i>	Local Registrar's No.	<i>65</i>
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Theodore H. Snyder</i>					
(a) Residence. No. <i>Catalpa</i> St.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <i>Aug 14, 1932</i>					
7. AGE Years Months Days		If LESS than 1 day, hrs.			
<i>Stillborn</i>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country)					
13. NAME <i>Theodore Snyder</i>					
14. BIRTHPLACE (city or town) (State or country) <i>Spokane Wash</i>					
15. MAIDEN NAME <i>Clea Frazier</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Kansas City Mo</i>					
17. INFORMANT <i>Theodore Snyder</i> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Bellevue, Ill</i> Date <i>Aug 14, 1932</i>					
19. UNDERTAKER (Address) <i>Bellevue, Ill</i>					
20. FILED <i>Aug 14, 1932</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Aug 14, 1932</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Aug 14th, 1932</i> , to <i>1932</i>					
I last saw him alive on <i>Stillborn</i> , 1932. death is said to have occurred on the date stated above, at <i>m.</i>					
The principal cause of death and related causes of importance were as follows: <i>Stillborn</i> Date of onset					
Other contributory causes of importance: <i>Age 7 mother faintly</i>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1932.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>M. L. Lindsay</i> M. D. (Address) <i>Bellevue, Ill</i>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

653-217082-764
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

205878

CERTIFICATE OF BIRTH

S

County of Twin Falls

City of Buhl

No. _____ St. _____ Registration District No. 39 State File No. _____

Hospital _____ Primary Registration District No. 2087 Local Registrar's No. _____

FULL NAME OF CHILD _____

(Certificate of no value without full name of child)

Sex of Child <u>7</u>	Twin Triplet or other? <u>7</u>	and { Number in order of birth <u>7</u>	Legitimate? <u>ye</u>	Date of birth <u>Aug 13 1932</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth one

FATHER
FULL NAME Miles B Welch
RESIDENCE Buhl
COLOR white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Tenn
OCCUPATION laborer

MOTHER
FULL MAIDEN NAME Virgil Godwin
RESIDENCE Buhl
COLOR w AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Okla
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 7 30 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report. _____, 1932

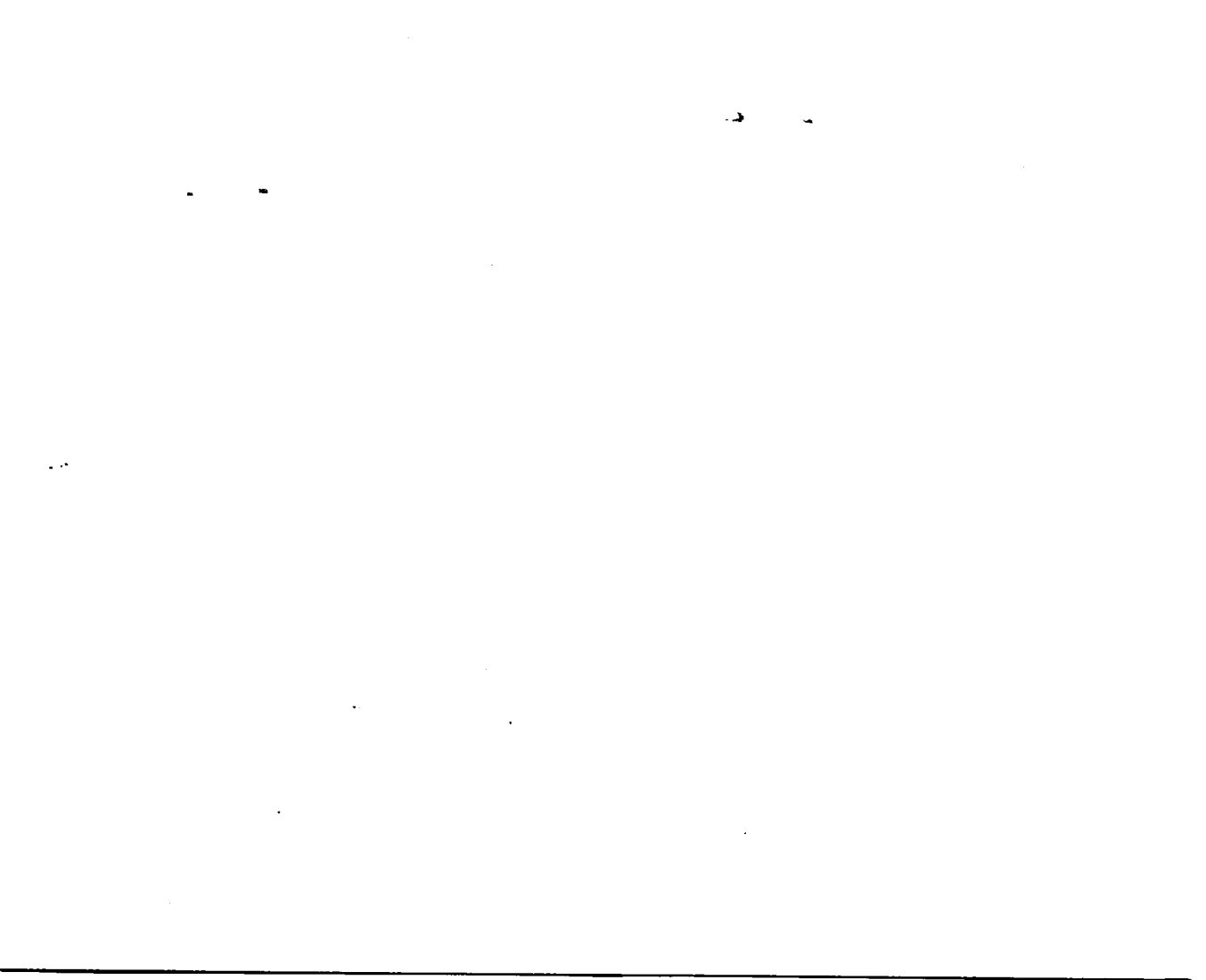
(Signature) E. L. Berryman

(Physician or midwife)

Address Buhl Okla

Filed Aug 31 1932 J. H. Thompson Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

80482

State File No.

PLACE OF DEATH

County of Swin FallsCity of IdahoRegistration District No. 34Primary Registration District No. 7087Local Registrar's No. 206

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Esther Welch(a) Residence. No. 2 St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. — mos. — ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 13 19327. AGE Years — Months — Days — If LESS than 1 day, hrs. or min. —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER M B Welch11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Mary Godwin13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Dr. J. H. Murphy(Address) Idaho15. Filed Aug 15 1932Registrar J. H. Murphy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 13 1932

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 13 1932, to Aug 13 1932that I last saw her alive on Aug 13 1932and that death occurred, on the date stated above, at 8 AM m.

THE CAUSE OF DEATH* was as follows:

Heart attack, Prostate 7 card, Ins. that tick in hand

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of foreign deliveryWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) E. J. Barry M. D.Aug 13 1932 (Address) Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Cemetery Date of Burial 8/14/3220. Undertaker Idaho Address Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-109-00-719

PLACE OF BIRTH

RECEIVED OCT 10 1932

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

S 205947

County of Ada

City of Boise

Registration District No. 2

File No. _____

No. _____ St. _____

Primary Registration District No. 1004

Registered No. 463

Hospital St. Alphonsus

FULL NAME OF CHILD Lewis Thornton, Junior

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>7 9 1932</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FATHER
FULL NAME Thornton, Lewis
RESIDENCE 1224 No. 18th. Boise, Idaho
COLOR white
AGE AT LAST BIRTHDAY 45
(Years)
BIRTHPLACE Mexico, Missouri
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Belle Parkinson
RESIDENCE 1224 No. 18th. Boise Idaho.
COLOR white
AGE AT LAST BIRTHDAY 41
(Years)
BIRTHPLACE Steamboat Springs, Colorado.
OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn, at 2 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Frazer

(Physician or midwife)

Given names added from a supplemental report.

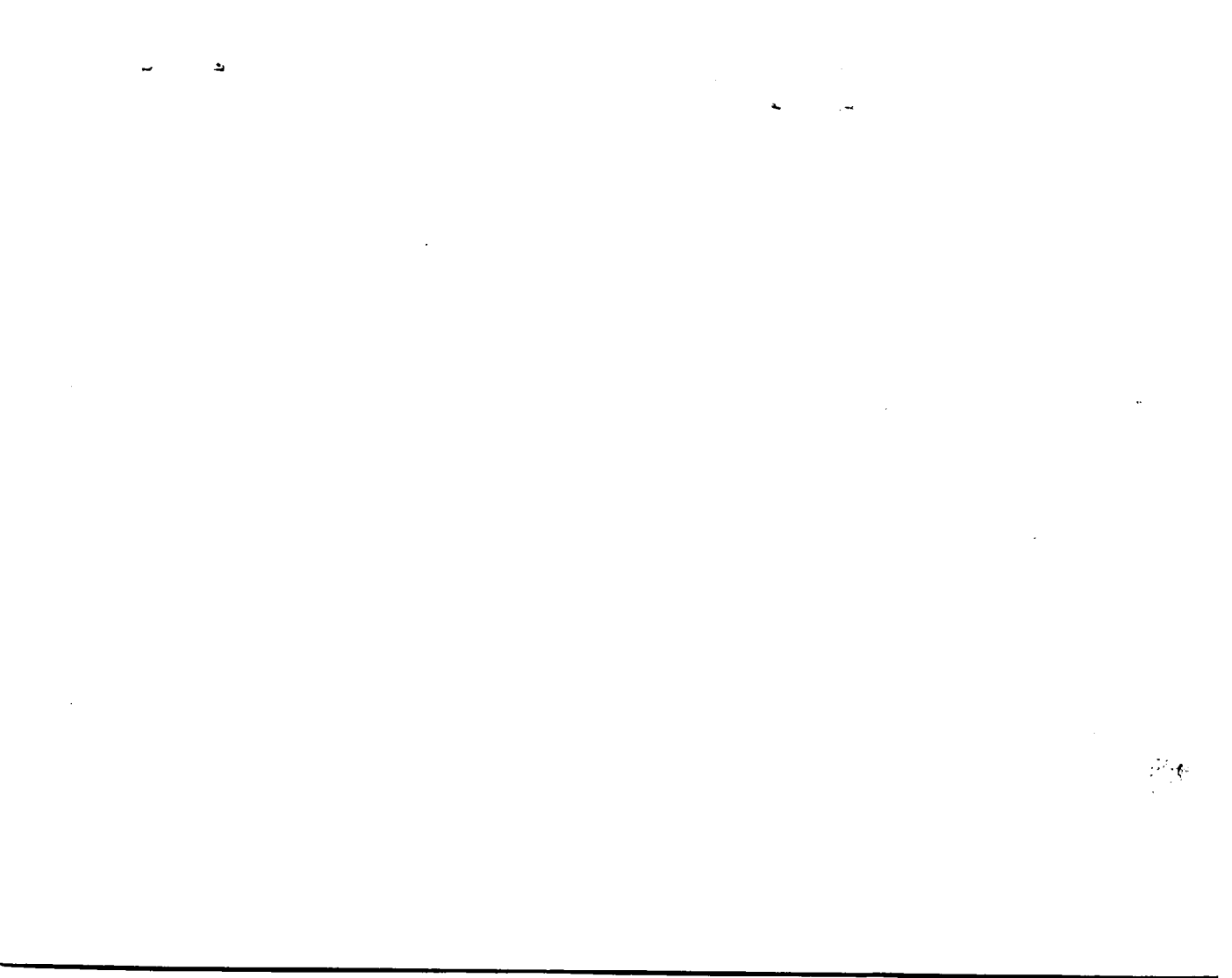
19

Address 416 Eastman Bldg.
9-26-32 W. W. Rhodes

Filed

Registrar

Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 79938 State File No.	
- PLACE OF DEATH County of <u>Ada</u> City of <u>Boise</u>		Registration District No. <u>2</u> Primary Registration District No. <u>1004</u> (No. <u>St. Alphonsus Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Baby Thornton.</u>		Local Registrar's No. <u>198</u>	
(a) Residence. No. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----			
6. DATE OF BIRTH (month, day, and year) <u>July 9-1932</u>			
7. AGE <u>0</u> Years	<u>0</u> Months	<u>0</u> Days	If LESS than 1 day, hrs. or min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)			
FATHER			
13. NAME <u>Lewis E. Thornton.</u>			
14. BIRTHPLACE (city or town) <u>Mo.</u> (State or country)			
MOTHER			
15. MAIDEN NAME <u>Belle Parkinson.</u>			
16. BIRTHPLACE (city or town) <u>Colo.</u> (State or country)			
17. INFORMANT <u>L. E. Thornton.</u> (Address) <u>Boise, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>7/10/32</u> 193...			
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>			
20. FILED <u>7-12</u> , 193... <u>W. H. Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>7/9/32</u> 193...			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 9</u> , 193... to <u>July 9</u> , 193... I last saw him alive on <u>still born</u> , 193...; death is said to have occurred on the date stated above, at <u>4 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Pressure on prolapsed cord at birth.</u>			
Other contributory causes of importance:			
Name of operation Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W. H. Rhodes</u> , M.D. (Address) <u>Boise, Idaho.</u>			

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation *prior to retirement*. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 101 South Johnson St.

General Hospital

(If born in hospital or institution give name.)

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and {	Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>September 9</u> 19 <u>32</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth Eight (a) Born alive and now living Seven

Born alive but now dead None Stillborn One

FATHER
FULL NAME Park Dudley (Deceased)

Residence (Usual place of abode)

If non-resident, give place and State

Color or race White Age at last Birthday 41 (Years)

Birthplace Oxford, Idaho
(City and State or County)

Occupation

MOTHER
FULL MAIDEN NAME Barbara Alice Nora Carlson

Residence (Usual place of abode) 325 McKinley Avenue

If non-resident, give place and State

Color or race White Age at last Birthday 41 (Years)

Birthplace Logan, Utah
(City and State or County)

Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Born alive

I hereby certify that I attended the birth of this child, who was Stillborn at M.
on the date above stated.

(Signature)

William F. Howard
(Physician or Midwife)

Address Pocatello, Idaho

Filed

Oct 5 1932

DeRay
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 State File No. 206016

Prim. Registration District No. 2161 Local Registrar's No. 010

Stillbirth

1932

It is hereby certified that the above is a true and correct copy of the original as the same appears in the files of the Department of Health, Education and Welfare, Washington, D.C.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Department of Health, Education and Welfare, Washington, D.C., this 1st day of May, 1964.

I hereby certify that I attended the birth of this child, who was born at the following address:

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Occupation: _____

Education: _____

Religion: _____

Marital Status: _____

Number of Children: _____

Age of Child: _____

Sex of Child: _____

Weight of Child: _____

Height of Child: _____

Head Circumference: _____

Chest Circumference: _____

Arm Circumference: _____

Leg Circumference: _____

Foot Length: _____

Foot Width: _____

Hand Length: _____

Hand Width: _____

Thumb Length: _____

Thumb Width: _____

Index Length: _____

Index Width: _____

Middle Length: _____

Middle Width: _____

Ring Length: _____

Ring Width: _____

Pinky Length: _____

Pinky Width: _____

Little Length: _____

Little Width: _____

Second Length: _____

Second Width: _____

Third Length: _____

Third Width: _____

Fourth Length: _____

Fourth Width: _____

Fifth Length: _____

Fifth Width: _____

Sixth Length: _____

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Forty-sixth Width: _____

Forty-seventh Length: _____

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One hundred and twenty-five Length: _____

One hundred and twenty-five Width: _____

One hundred and twenty-six Length

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 80546	
County of <u>Bannock</u>		Registration District No. <u>28</u>		State File No. _____	
City of <u>Pocatello</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>389</u>	
		(No. <u>Pocatello General Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Dudley</u>					
(a) Residence. No. <u>Pocatello, Idaho.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 9, 1932.</u>					
7. AGE Years <u>0</u>		Months <u>0</u>		Days <u>0</u>	
If LESS than 1 day, _____ hrs. or min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Pocatello, Idaho.</u> (State or country)					
FATHER	13. NAME <u>Lion P. Dudley</u>				
	14. BIRTHPLACE (city or town) <u>Clifton, Idaho.</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Nora Carlson</u>				
	16. BIRTHPLACE (city or town) <u>Logan, Utah.</u> (State or country)				
17. INFORMANT <u>Mrs. Lion P. Dudley</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Sept. 12, 1932.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>Sept. 10, 1932.</u> <u>D. O. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 9, 1932.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Stillborn</u> <u>Sept 9</u> , 1932					
I last saw him alive on _____, 1932; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Asphyxia neonat. 9/9/32</u> <u>Delayed delivery of head</u>					
Date of onset _____					
Other contributory causes of importance:					
<u>Maternal dystocia 9/9/32</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1932.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>William F. Howard</u> M. D.					
(Address) <u>Pocatello, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PERMANENT RECORD INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Barnack

City of Pacatu

No. 349 N. Clark St.

Lynn Lee Day

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED OCT 7 1932
CERTIFICATE OF BIRTH 206022

Registration District No. 28 State File No. 1018

Prim. Registration District No. 2161 Local Registrar's No. 1018

2. FULL NAME OF CHILD Still birth

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept 15, 1932</u> (MONTH, DAY, YEAR)
9. Full name		FATHER		MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Phoenix, Ariz.</u>		18. Full maiden name <u>Deanne Later</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Phoenix, Ariz.</u>	
11. Color or race <u>white</u>		12. Age at last birthday <u>26</u> (years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) (State or country) <u>Texas</u>		21. Age at last birthday <u>27</u> (years)		22. Birthplace (city or place) (State or country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work		26. Total time (years) spent in this work			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation { months or weeks		29. Cause of stillbirth <u>Premature</u>		{ Before labor During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Paul at 7 A m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) L. H. Brown, M. D.

or Midwife

Address Pacatu Idaho

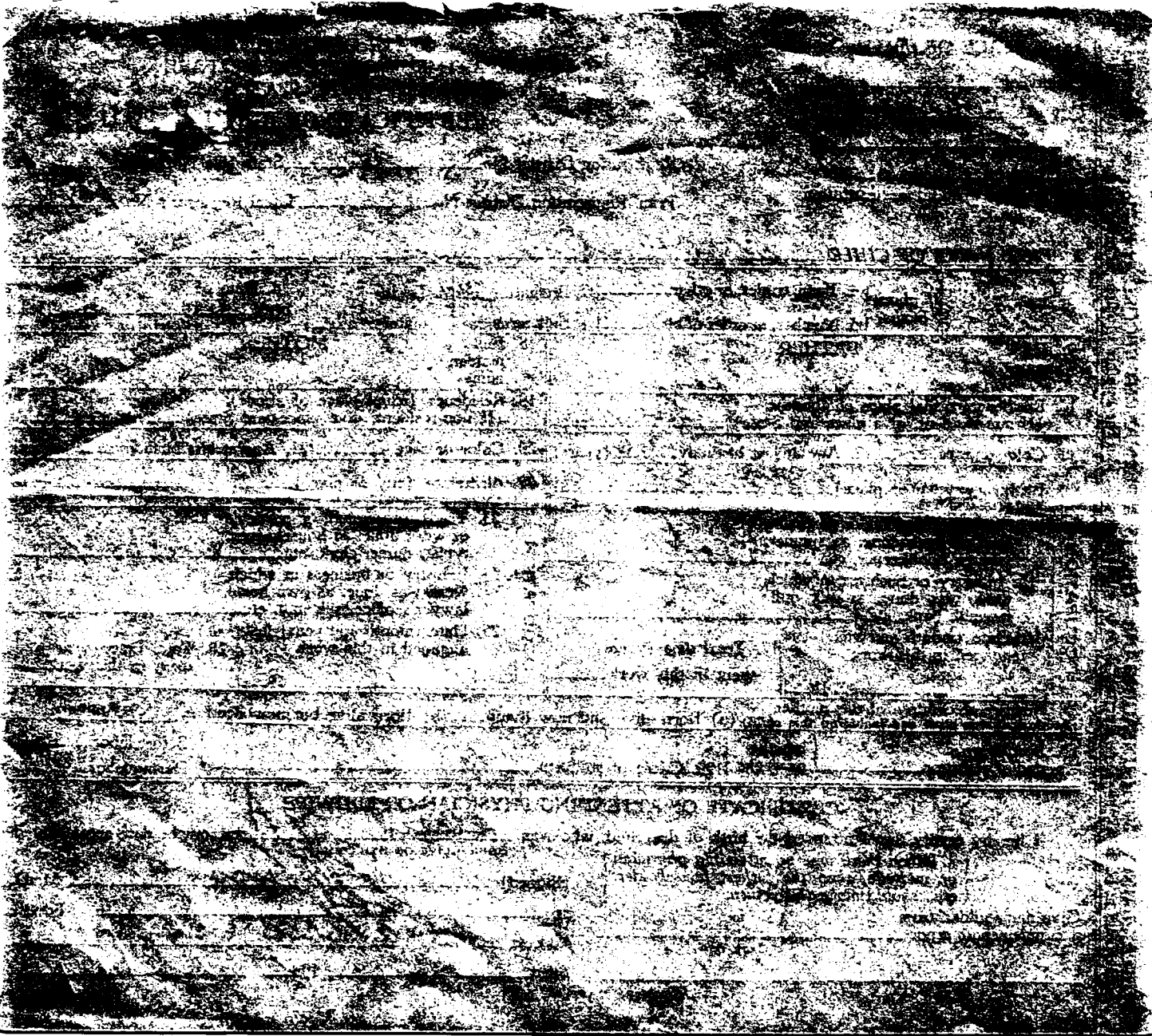
Filed Oct 5, 1932 L. H. Brown

Give name added from a supplemental report

(DATE OF)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		<div style="font-size: 2em; font-weight: bold;">80541</div>	
City of <u>Pocatello</u>				State File No.	
Registration District No. <u>28</u>		Primary Registration District No. <u>2/61</u>		Local Registrar's No. <u>391</u>	
(No. <u>Lynn Brothers Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Coone</u>					
(a) Residence. No. <u>Pocatello, Idaho.</u> St. (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 15, 1932</u>					
7. AGE Years <u>0</u>		Months <u>0</u>		Days <u>0</u>	
If LESS than 1 day, hrs. or min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>			
		10. Date deceased last worked at this occupation (month and year)			
MOTHER FATHER		11. Total time (years) spent in this occupation			
		12. BIRTHPLACE (city or town) <u>Pocatello, Idaho.</u> (State or country)			
		13. NAME <u>Wm. W. Coone</u>			
MOTHER FATHER		14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country)			
		15. MAIDEN NAME <u>Delorise Later</u>			
		16. BIRTHPLACE (city or town) <u>Rigby, Idaho.</u> (State or country)			
MOTHER FATHER		17. INFORMANT <u>Mary Later</u> (Address) <u>246 1/2 2nd Ave.</u>			
		18. BURIAL, CREMATION, OR REMOVAL Place <u>Rigby, Idaho.</u> Date <u>Sept. 16, 1932.</u>			
		19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>			
20. FILED <u>Sept. 15, 1932.</u> <u>D. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 15, 1932.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>9-15-1932</u> to <u>9-15-1932</u>					
I last saw him alive on <u>9-15-1932</u> , death is said to have occurred on the date stated above, at <u>5:45</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Premature Birth</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? <u>exam</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury, 193..					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>D. C. Ray</u> , M. D. (Address) <u>Pocatello, Idaho.</u>					

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED OCT 7 1932**

County of Bear Lake
City of Paris
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **206082**

Registration District No. 53 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 40

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD unnamed Stillborn

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Sept 8</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name <u>Parley G. Smart</u>	FATHER	18. Full maiden name <u>Emily Mc Cawman</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Paris</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Paris</u>	

11. Color or race <u>W</u>	12. Age at last birthday <u>41</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>40</u> (years)
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13. Birthplace (city or place) (State or country) <u>Utah</u>	22. Birthplace (city or place) (State or country) <u>Idaho</u>
--	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____ 19____		25. Date (month and year) last engaged in this work _____ 19____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 2

28. If stillborn, period of gestation 7 1/2 { months _____ } 29. Cause of stillbirth Unknown { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Branded at 12.20 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Give name added from
a supplemental report _____

(DATE OF)

Registrar.

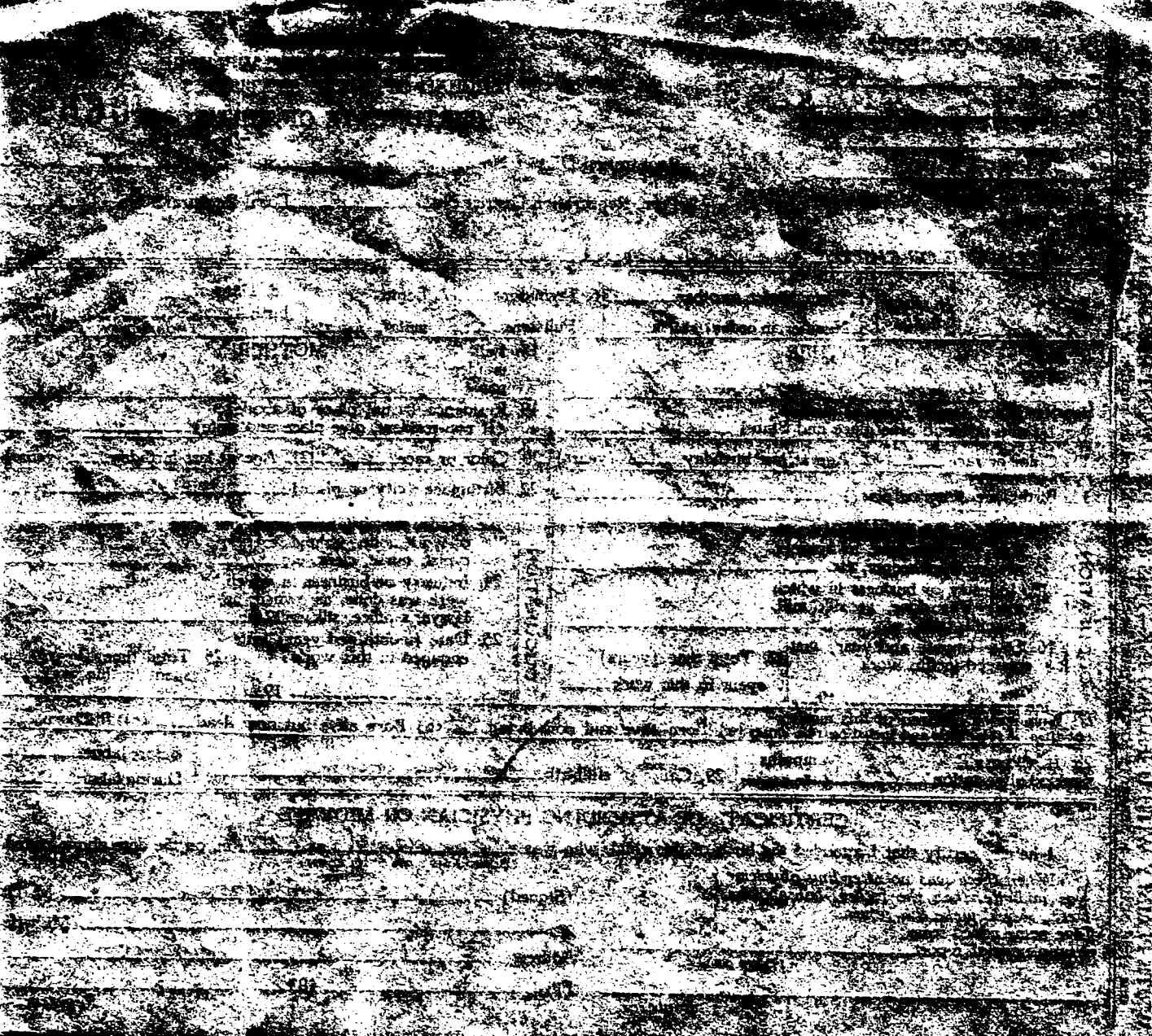
(Signed) O O Moore, M. D.

or _____, Midwife

Address Paris Idaho

Filed Sept 30, 1932 Mrs Branded

Registrar.



NOTATION

GENERAL INSTRUCTIONS TO THE JURY

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 80560	
PLACE OF DEATH County of <u>Bear Lake</u> City of <u>Paris</u>		State File No.	
CERTIFICATE OF DEATH Registration District No. <u>53</u> Primary Registration District No.		Local Registrar's No. <u>13</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Unnamed - Stillborn</u>			
(a) Residence. No. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Paris Idaho</u>			
MOTHER	13. NAME <u>Parley E. Smart</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>		
	15. MAIDEN NAME <u>Emily McCammon</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
17. INFORMANT <u>Parley E. Smart</u> (Address) <u>Paris Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Georgetown</u> Date <u>Sept 8, 1932</u>			
19. UNDERTAKER (Address)			
20. FILED <u>Sept 30, 1932</u> <u>Mrs. Paulah Hess</u> Registrar.			
21. DATE OF DEATH (month, day, and year) <u>Sept 8 1932</u>		22. I HEREBY CERTIFY, That I attended deceased from, 193..., to, 193...	
I last saw h..... alive on, 193...: death is said to have occurred on the date stated above, at.....m.			
The principal cause of death and related causes of importance were as follows:			
<u>Premature</u> <u>Still born</u> <u>Cause Unknown</u>			Date of onset
Other contributory causes of importance:			
Name of operation		Date of	
What test confirmed diagnosis?		Was there an autopsy?	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?			
Date of injury, 193...			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>[Signature]</u>		M. D.	
(Address) <u>Paris Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

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.....

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of BinghamCity of BlackfootNo. Beck Hospital St.

(If born in hospital or institution give name.)

Registration District No. 121 State File No. SPrim. Registration District No. 1007 Local Registrar's No. 3522. FULL NAME OF CHILD Stillborn Thorpe3. Sex Male If plural births { 4. Twin, triplet, or other - 6. Premature yes 7. Legitimate? yes 8. Date of birth Sept 7, 1932
(MONTH, DAY, YEAR)9. Full name FATHER Joseph Thorpe10. Residence (usual place of abode) Blackfoot
(If non-resident, give place and State)11. Color or race Indian 12. Age at last birthday 50 (years)13. Birthplace (city or place) Virginia City
(State or country) Montana14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock raising15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. -16. Date (month and year) last engaged in this work - 19- 17. Total time (years) spent in this work -27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 128. If stillborn, period of gestation 6 1/2 months or weeks { 29. Cause of stillbirth Thrombosis of cord Before labor twice During labor -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:30 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

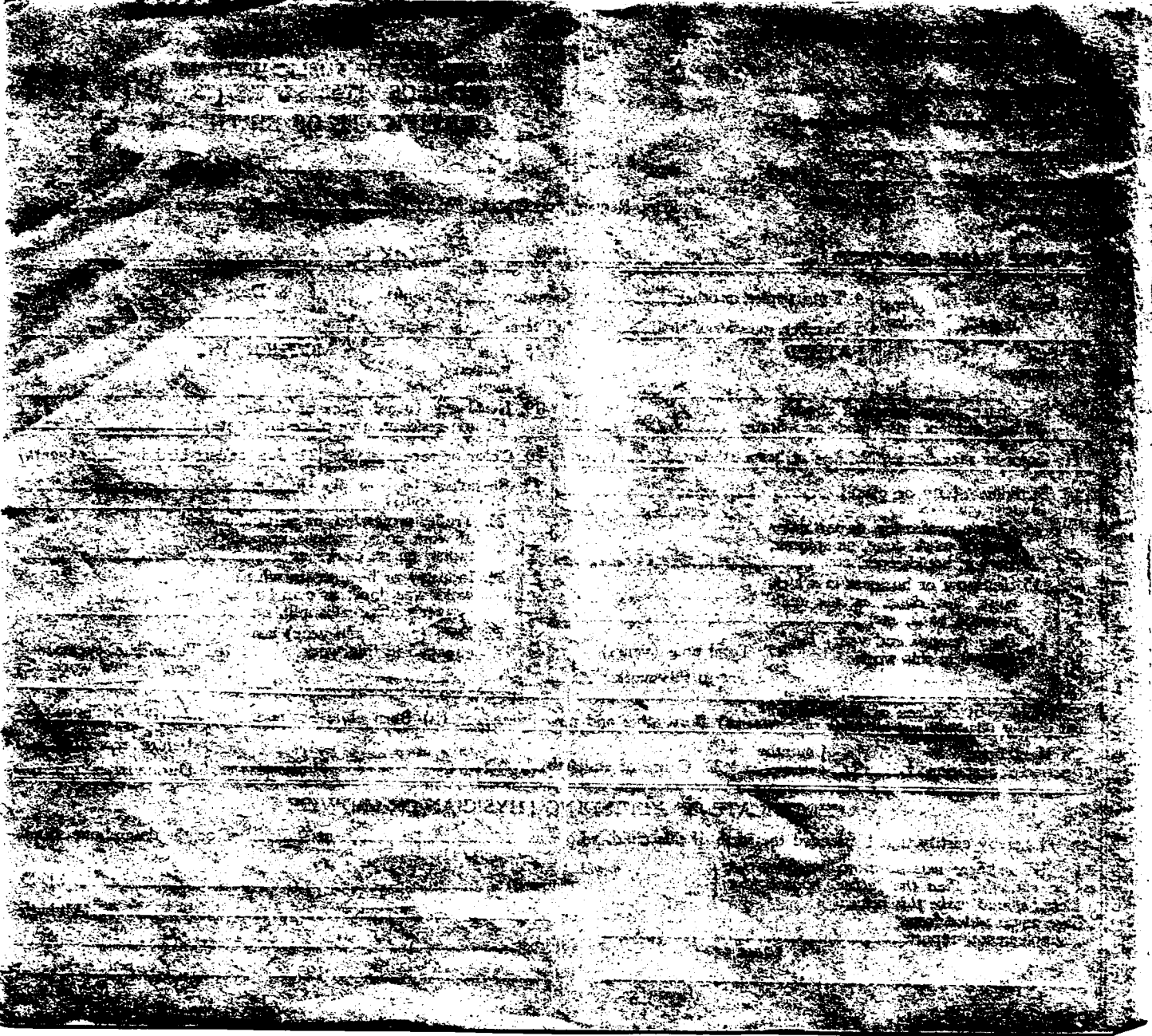
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report -

(DATE OF)

Registrar.

(Signed) W. W. Beck M. D.or - MidwifeAddress Blackfoot, IdahoFiled Oct 4, 1932, 1932 Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 80577	
County of <u>Bingham</u>	City of <u>Blackfoot</u>	Registration District No. <u>121</u>	Primary Registration District No. <u>1007</u>	Local Registrar's No. <u>119</u>	
(No. <u>Stillborn at Beck Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillborn Thorspe</u>					
(a) Residence. No. <u>Blackfoot</u> St. <u>Idaho</u>		(if nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Indian</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept 8, 1932</u>					
7. AGE <u>Stillborn</u>		Years	Months	Days	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>					
13. NAME <u>Joseph Thorspe</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Virginia City, Mont.</u>					
15. MAIDEN NAME <u>Josephine Marks</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Burien, Ida</u>					
17. INFORMANT <u>Joseph Thorspe</u> (Address) <u>Blackfoot, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View Cem</u> Date <u>Sept 9, 1932</u>					
19. UNDERTAKER <u>Joseph Thorspe</u> (Address) <u>Blackfoot, Idaho</u>					
20. FILED <u>Sept 8, 1932</u>		Registrar. <u>W. W. Beck</u> (Address) <u>Blackfoot, Ida</u>			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 8, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 8, 1932</u> to <u>Sept 8, 1932</u>					
I last saw h. alive on _____, 1932; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Stillborn</u>					
Died about a week ago <u>Thrombosis of Cord</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify _____ (Signed) <u>W. W. Beck</u> , M. D. (Address) <u>Blackfoot, Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

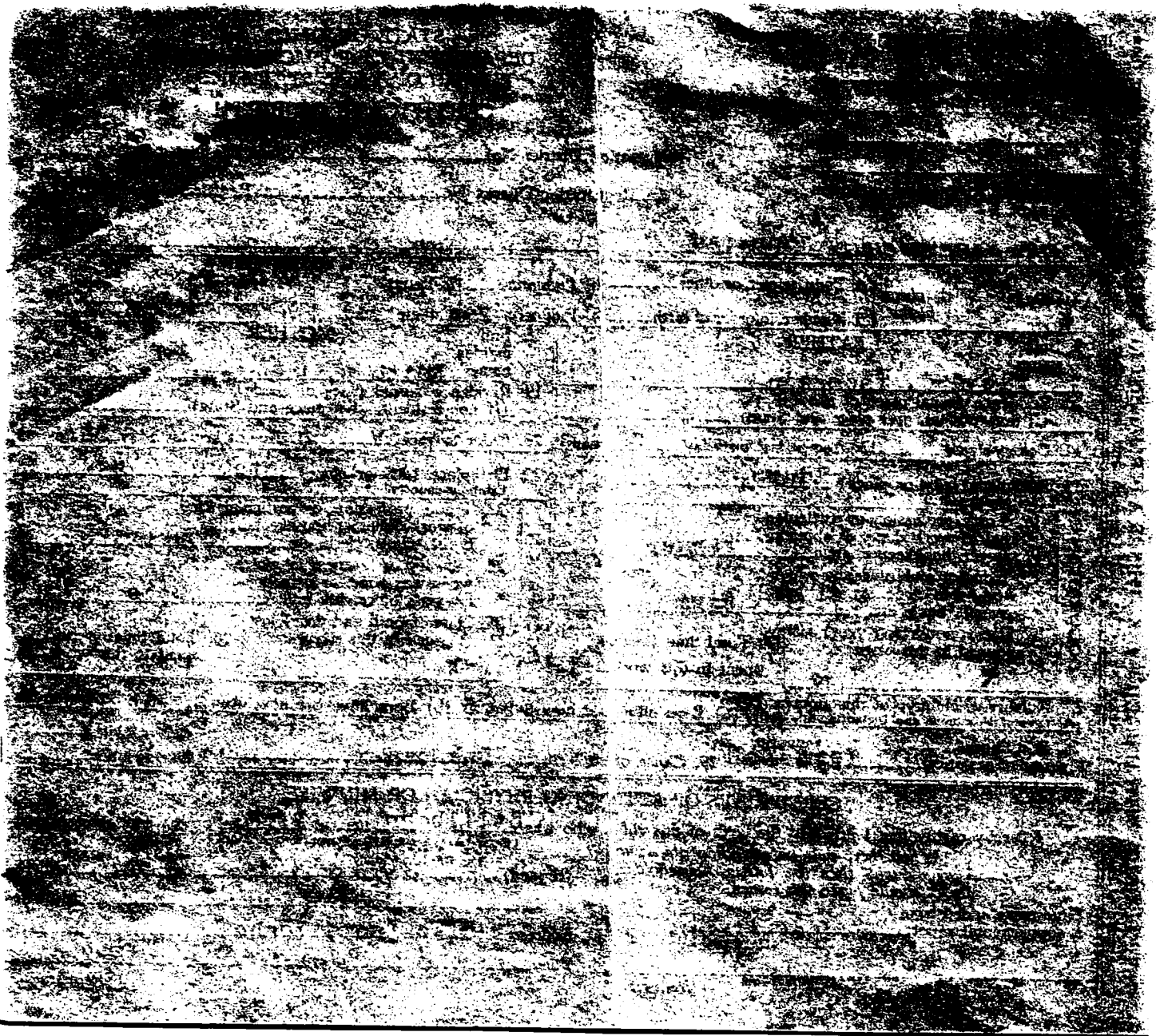
Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 80576 State File No. _____	
PLACE OF DEATH County of <u>Bingham</u> City of <u>Pinney</u> <u>Rt 1</u>		Registration District No. <u>121</u> Primary Registration District No. <u>2194</u> Local Registrar's No. <u>125</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Unnamed Thompson</u>			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Sept 25 1902</u>			
7. AGE <u>Stillborn</u>	Years _____ Months _____ Days _____	If LESS than 1 day, hrs. _____ min. _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or county) <u>Pinney Idaho</u>		
	13. NAME <u>Thos. B. Thompson</u>		
	14. BIRTHPLACE (city or town) (State or county) <u>Bingham Co Idaho</u>		
	15. MAIDEN NAME <u>Edith E. Furness</u>		
16. BIRTHPLACE (city or town) (State or county) <u>Cody, Idaho</u>			
17. INFORMANT (Address) <u>Thos. B. Thompson</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Thos. B. Thompson</u> Date <u>Oct 2, 1902</u> 193__			
19. UNDERTAKER (Address) <u>Pinney Idaho</u>			
20. FILED <u>Sept 25 1902</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>Sept 25 1902</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 25</u> , 193__ to <u>Sept 25</u> , 193__			
I last saw him alive on _____, 193__: death is said to have occurred on the date stated above, at <u>11:30 P.</u> m.			
The principal cause of death and related causes of importance were as follows: <u>still born</u> <u>cause unknown</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193__			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____			
(Signed) <u>J. D. Humphreys</u> M. D. (Address) <u>Blanchard Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham
City of Blackfoot
No. Capelle St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Leeman Laven Grades & Stillborn

3. Sex

male

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legiti-

mate?

8. Date of birth

Oct 1, 1932 1932
(MONTH, DAY, YEAR)

9. Full name

FATHER

Albert J. Grades

10. Residence (usual place of abode)

(If non-resident, give place and State) Blackfoot

11. Color or race

W. 12. Age at last birthday 39 (years)

13. Birthplace (city or place)

(State or country)

Immon, Neb.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

18. Full maiden name

MOTHER

Viola Thinslow

19. Residence (usual place of abode)

(If non-resident, give place and State) Blackfoot

20. Color or race

W. 21. Age at last birthday (years)

22. Birthplace (city or place)

(State or country)

Big Horn, Wyo.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Home

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child)

2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2

28. If stillborn,

period of gestation 6 mo.

months or weeks

29. Cause of stillbirth

Unknown

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 11 P. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

H. W. Mitchell

M. D.

or

Midwife

Address

Blackfoot, Idaho

Filed

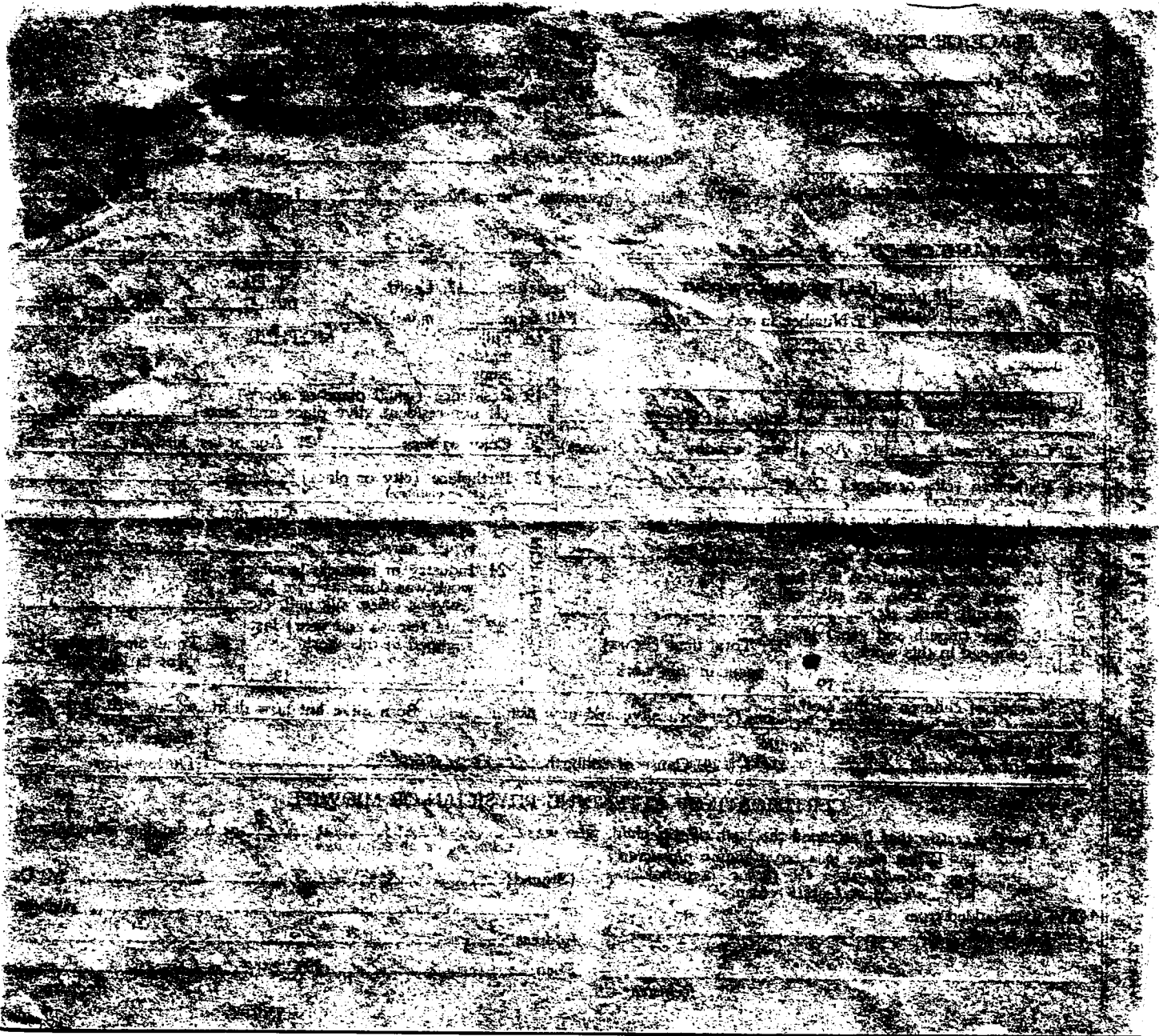
Oct 1 - 1932 Wm. H. Talbot

Give name added from a supplemental report

(DATE OF)

Registrar.

Registrar.



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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED OCT 7 1937	
County of <u>Bingham</u>		DO NOT WRITE IN THIS SPACE		80568	
City of <u>Bluff</u>		CERTIFICATE OF DEATH		State File No.	
Registration District No. <u>121</u>		Primary Registration District No. <u>8194</u>		Local Registrar's No. <u>124</u>	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Simon Loren Gerdas</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Albert J. Gerdas</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 19, 1902</u>					
7. AGE Years		Months		Days	
				If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Blackfoot, Idaho</u>					
13. NAME <u>Albert J. Gerdas</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Simon, Neb.</u>					
15. MAIDEN NAME <u>Viola Wislow</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Blackfoot, Idaho</u>					
17. INFORMANT <u>Albert J. Gerdas</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Ann's, Blackfoot, Sept. 20, 1937</u>					
19. UNDERTAKER (Address) <u>Blackfoot, Idaho</u>					
20. FILED <u>Sept. 19, 1937</u>		Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 19 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 19</u> , 1937, to <u>Sept 19</u> , 1937.					
I last saw <u>deceased</u> on <u>Sept 19</u> , 1937. death is said to have occurred on the date stated above, at <u>11:00</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Pneumonia, G. M. C.</u>					
Other contributory causes of importance:					
Name of operation. Date of.					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1937.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.					
Nature of injury.					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W. W. Smith</u> , M. D. (Address) <u>Blackfoot, Idaho</u>					

161 a

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Beck Hospital St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stellborn Loveland

3. Sex Female

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature Yes

Full term No

Legiti-

mate? Yes

8. Date of birth

Sept 17, 1932
(MONTH, DAY, YEAR)

9. Full name

FATHER

Chester Loveland

18. Full maiden name

MOTHER

Sarah Neeser

10. Residence (usual place of abode)
(If non-resident, give place and State)

Blackfoot

19. Residence (usual place of abode)
(If non-resident, give place and state)

Blackfoot

11. Color or race White

12. Age at last birthday 37 (years)

20. Color or race White

21. Age at last birthday 31 (years)

13. Birthplace (city or place)
(State or country)

Chesterfield, Idaho

22. Birthplace (city or place)
(State or country)

McCammon, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stock raising

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

10 yrs

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

3 1/2

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn,

period of gestation 8 months or weeks

29. Cause of stillbirth Placenta in mother

Before labor Yes

During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stellborn at 9:45 P m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed)

W. W. Beck, M. D.

or

Midwife

Address

Blackfoot, Idaho

Filed

Oct 4, 1932 1932

Registrar.

Registrar.

Give name added from a supplemental report

(DATE OF)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

100-443887-100

1970-1971

19-30-70 2000-70

2000-2001

100-443887-100

1947-1948

THE UNIVERSITY OF CHICAGO

(continued)

— 312 —

2025 RELEASE UNDER E.O. 14176

[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		80574	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		State File No.	
County of <u>Bingham</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>122</u>	
City of <u>Blackfoot</u>		Primary Registration District No. <u>1007</u>		(No. <u>Beck Hospital No. Broadway</u>)	
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillborn Loveland</u>		(Gloria Sara Loveland)			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept 12, 1937</u>					
7. AGE <u>Stillborn</u>	Years _____	Months _____	Days _____	If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) <u>Blackfoot, Ida</u>					
13. NAME <u>Chester Loveland</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Chesterfield, Ida</u>					
15. MAIDEN NAME <u>Sara Neises</u>					
16. BIRTHPLACE (city or town) (State or country) <u>McCammon, Ida</u>					
17. INFORMANT <u>Chester Loveland</u> (Address) <u>Blackfoot, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>McCammon</u> Date <u>9-14-1937</u>					
19. UNDERTAKER (Address) <u>Blackfoot, Ida</u>					
20. FILE <u>Sept 13, 1937</u> <u>Mr. Talbot</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Stillborn Sept 12, 1937</u>					
22. HEREBY CERTIFY, That I attended deceased from _____, 1937.					
I last saw him alive on _____, 1937; death is said to have occurred on the date stated above, at <u>9:45 P. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Uremia in mother</u>					Date of onset <u>4 days duration</u>
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1937.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ (Signed) <u>W. W. Beck</u> M. D.					
(Address) <u>Blackfoot, Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

- CLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham.
City of Moreland Prec't
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
Registration District No. 121 State File No. _____
Prim. Registration District No. 2194 Local Registrar's No. 324

2. FULL NAME OF CHILD Ellis. (Unnamed. Stillborn.)

3. Sex Female	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? Yes	8. Date of birth <u>Sept. 13</u> 19 <u>32</u> (MONTH, DAY, YEAR)
5. Number, in order of birth _____			Full term Yes		
9. Full name FATHER <u>Vaughn Ellis.</u>			18. Full maiden name MOTHER <u>Cady E. Goodwin.</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) _____			19. Residence (usual place of abode) (If non-resident, give place and State) _____		
11. Color or race <u>W</u>		12. Age at last birthday <u>23</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) <u>Idaho.</u> (State or country)		21. Age at last birthday <u>19</u> (years)		22. Birthplace (city or place) <u>Idaho.</u> (State or country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
	16. Date (month and year) last engaged in this work <u>Present time, 19</u>		25. Date (month and year) last engaged in this work <u>Present time, 19</u>		
17. Total time (years) spent in this work <u>4</u>		26. Total time (years) spent in this work <u>1</u>			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation _____ months or weeks		29. Cause of stillbirth _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 12.55 A.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. D. Palmer M. D.

or _____, Midwife

Address Blackfoot, Idaho.

Filed Oct. 1, 1932, 1932 M. D. Palmer

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon
City of Lawton
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED OCT 8 1932

CERTIFICATE OF BIRTH

206229

Lawton, Okla.
(If born in hospital or institution
give name.)

Registration District No. 7

State File No. S

Prim. Registration District No. 1206

Local Registrar's No. 224

FULL NAME OF CHILD

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
Child male

Twin
Triplet
or other?

and

Number
in order
of birth

2nd

Legiti-
mate? je

Date of
birth

Aug 25 1932

(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Argyrol

Number of child of this mother, including present birth 3

(a) Born alive and now living 2

Born alive but now dead

Stillborn 1

FATHER
FULL
NAME

Ira Nelson Snyder

MOTHER
FULL
MAIDEN
NAME

Lucile Hansen Logston

Residence (Usual place of abode)

612 15th Ave S.

Residence (Usual place of abode)

612 15th Ave S.

If non-resident, give place and State

If non-resident, give place and State

Color or race W

Age at last Birthday 31

(Years)

Color or race W

Age at last Birthday 29

(Years)

Birthplace

Chillicothe, Mo.

(City and State or County)

Birthplace

Hutchinson, Kansas

(City and State or County)

Occupation

Trucker

Occupation

H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive

Stillborn

at 6:40 P. M.

on the date above stated.

(Signature)

W. C. Holt

M.D.

(Physician or midwife)

Address

Hamper, Idaho

Filed

Oct 5 1932

Lyda Rodgers

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[illegible]

show other persons of like faith
and in one that would be of use
and might make the cause of
or similar. The latter investigation
"Where there was no attending physician

[illegible]

RECEIVED SEP 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

80347

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Samaritan Hospital)Local Registrar's No. 99

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Francis Taylor

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

August 22-32

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Nampa

10. NAME OF FATHER

Ira Nelson Taylor11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Cleveland
Oklahoma

12. MAIDEN NAME OF MOTHER

Lucile Logston13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Hutchinson
Kansas

14.

Informant
(Address)Mr. Ira Taylor
Nampa, Idaho

15.

Filed

Aug 31, 1932L. W. Ridge
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec2232
1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 6:30 P.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Self Born

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? No(Signed) W. C. Hollis, M. D.19..... (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa 8-22 1932

20. Undertaker

Address

Mrs. Nina M. Talley Nampa, IdahoMARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Houskeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably such**, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. mercy St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 206259

Registration District No. 7 State File No. S
Prim. Registration District No. 1006 Local Registrar's No. 200

2. FULL NAME OF CHILD Infant Mr. Ginnis Stillborn

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>9-7-</u> 193 <u>2</u> (MONTH, DAY, YEAR)
--------------------	--------------------	----------------------------	------------------------------	-------------------------	---------------------------	---

9. Full name FATHER <u>Edward Mc Ginnis</u>		18. Full maiden name MOTHER <u>Evelyn Rose Bandow</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>33</u> (years)		21. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or country) <u>Fitchburg, Massachusetts</u>		14. Birthplace (city or place) (State or country) <u>Maloonville, Calif.</u>	

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Soldier</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
	17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. Number of children of this mother Two
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 7th mo. { months or weeks } 29. Cause of stillbirth Not known { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 12:15 p.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

(Signed) L. R. Proctor M. D.

Give name added from a supplemental report. (DATE OF) _____
or _____, Midwife
Address 219-15 ave. So. Nampa, Ida.
Filed Oct-1 1932 L. R. Proctor
Registrar.



RECEIVED SEP 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

80346

State File No.

PLACE OF DEATH

County of CanyonCity of NampaRegistration District No. 7Primary Registration District No. 1006Local Registrar's No. 101

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Joseph McHinnis(a) Residence. No. 511-14 Avenue North St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 7, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa, Ida
(State or country)10. NAME OF FATHER Edward McHinnis11. BIRTHPLACE OF FATHER (city or town) Pittsburg, Mass
(State or Country)12. MAIDEN NAME OF MOTHER Emily B. Boudour13. BIRTHPLACE OF MOTHER (city or town) Monterey, Calif
(State or Country)14. Informant Edward McHinnis
(Address) 511-14 Avenue North15. Filed Sept 7, 1932. Lyda Rodgers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

September 7 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 1932, to Sept 7, 1932

that I last saw h. alive on , 19

and that death occurred, on the date stated above, at .m.

The CAUSE OF DEATH* was as follows:

Stillborn
Premature (7 mos/prev)
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. R. Proctor, M. D.
9-7, 1932 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Fohlerlawn 9-8 1932

20. Undertaker

Address

P. L. Case Caldwell Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia
City of Oakley
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

206292

(If born in hospital or institution
give name.)

Registration District No. 117 State File No. _____

Prim. Registration District No. 2196 Local Registrar's No. 215

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Girl</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Sept 13</u> <u>1932</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 5 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn 3

FATHER FULL NAME <u>Sidney Ray Mcintosh</u>	MOTHER FULL MAIDEN NAME <u>Miriam Martin</u>
--	---

Residence (Usual place of abode) Oakley, Ida.

If non-resident, give place and State _____

Color or race White Age at last Birthday 36 37
(Years) (Years)

Birthplace Oakley, Ida. Birthplace Oakley, Ida.
(City and State of County) (City and State of County)

Occupation Farmer Occupation Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:10 PM.
on the date above stated.

(Signature) Leland Frazin, M.D.

(Physician or midwife)

Address Burley, Idaho

Filed Oct 4 1932 W. H. Coulter
24615 Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Doc

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

S

County of Idaho

DEPARTMENT OF PUBLIC WELFARE

City of Cottonwood

BUREAU OF VITAL STATISTICS

206413

No. _____ St. _____

CERTIFICATE OF BIRTH

Registration District No. 105 State File No. _____(If born in hospital or institution
give name)Prim. Registration District No. 2183 Local Registrar's No. 65FULL NAME OF CHILD Stieckbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Sept 11</u> 19 <u>33</u> (Month) (Day) (Year)
-----------------------------	---	---	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 9 (a) Born alive and now living 4Born alive but now dead 1 Stillborn 4

FULL NAME <u>George Baker</u>	FATHER	FULL MAIDEN NAME <u>Mabel Lefft</u>	MOTHER
----------------------------------	--------	---	--------

Residence (Usual place of abode) Cottonwood, Ida

If non-resident, give place and State _____

Color or race W Age at last Birthday 59 (Years)Birthplace Mo. (City and State or County)Occupation RancherResidence (Usual place of abode) Cottonwood, Ida

If non-resident, give place and State _____

Color or race W Age at last Birthday 39 (Years)Birthplace Kenterville, Idaho (City and State or County)Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

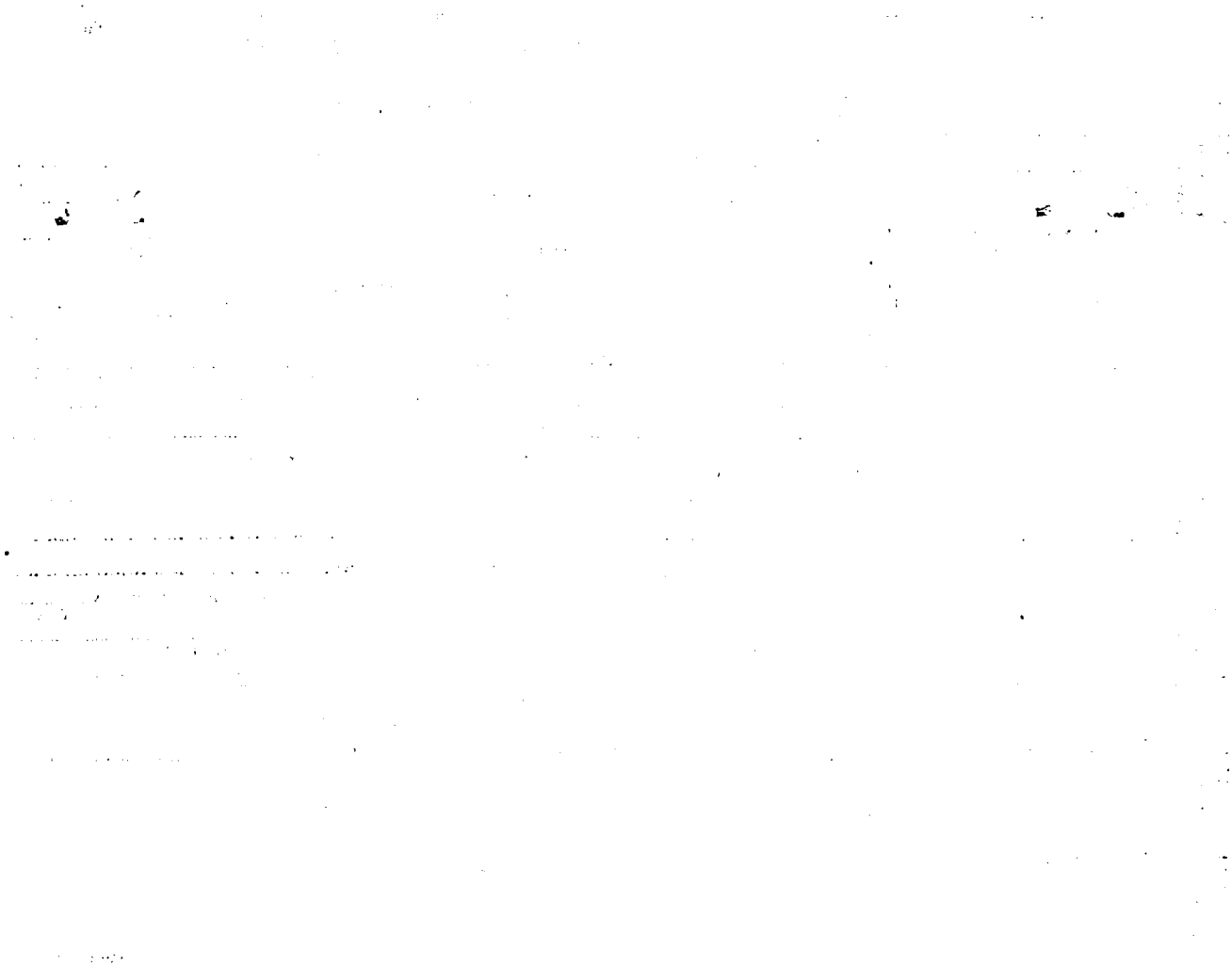
I hereby certify that I attended the birth of this child, who was Stillborn at 3:00 P. M.
on the date above stated.(Signature) Wesley Orr M.D.

(Physician or midwife)

Address Cottonwood, IdahoFiled Sept 30, 1933 W. F. Orr

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



FORM V. S. No. 5-25 M. V. 10

RECEIVED OCT 1 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho
City of CottonwoodRegistration District No. 105
Primary Registration District No. 2183
(No Our Lady of Consolation St.)File No. 80657
Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Stillbirth

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

A.5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

Sept. (Month) " (Day) 1932 (Year)

7. AGE

✓ Yrs. ✓ Mos. ✓ ds.IF LESS than 1 day
how many ✓ hrs.
or ✓ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Cottonwood, Ida

10. NAME OF FATHER

George Baker

11. BIRTHPLACE OF FATHER

(State or Country)

Mo.

12. MAIDEN NAME OF MOTHER

Mabel Jeffs

13. BIRTHPLACE OF MOTHER

(State or Country)

Butterville, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mabel Jeffs

(Address)

Cottonwood, Idaho

15.

Filed

Sept. 13 1932W. F. Orr
per J. B. Local Registrar

MEDICAL CERTIFICATE OF DEATH

206

16. DATE OF DEATH

Sept. (Month) " (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

✓ 19. to ✓ 19.that I last saw h. alive on ✓ 19.and that death occurred on the date stated above, at ✓ M.

The CAUSE OF DEATH* was as follows:

Placenta Previa
7 1/2 months gestation(Duration) ✓ Yrs. ✓ mos. ✓ ds.Contributory
(Secondary)(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed)

Wesley F. Orr

M. D.

Sept. 12, 1932(Address) Cottonwood, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ✓ yrs. ✓ mos. ✓ days. In the State ✓ yrs. ✓ mos. ✓ daysWhere was disease contracted if not at place of death? ✓Former or usual residence ✓

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cottonwood, IdahoSept. 13, 1932

20. UNDERTAKER

ADDRESS

Geo. Baker, Cottonwood, Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid), *Housekeepers*, who receive a definite salary, may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name or gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Roosevelt
City of Spirit Lake
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD unnamed

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Aug 27, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Jacob M. Peterson
10. Residence (usual place of abode) (If non-resident, give place and State) Spirit Lake
11. Color or race wh 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Norway

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mill-wright
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber mill
16. Date (month and year) last engaged in this work July 25, 1932
17. Total time (years) spent in this work 8

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was stillborn at 9⁰⁰ P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) John W. Schori, M. D.
or _____, Midwife
Address Spirit Lake Ida
Filed Aug 31, 1932 A. C. Spooner
Registrar. _____ Registrar.

Give name added from a supplemental report. _____ (DATE OF)

18. Full maiden name MOTHER Lucille M. Reher
19. Residence (usual place of abode) (If non-resident, give place and State) Spirit Lake
20. Color or race wh 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or country) Perry Ore.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

OCCUPATION

OCCUPATION

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 206480

Registration District No. 45 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 22

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

Registration District No. 45 State File No. _____

SECRET
TO THE SECRETARY OF THE ARMY
FROM THE SECRETARY OF THE ARMY
SUBJECT: [Illegible]
[Illegible text follows, appearing as a series of lines of text, mostly obscured by noise and heavy blacking out.]

TO THE SECRETARY OF THE ARMY
FROM THE SECRETARY OF THE ARMY
SUBJECT: [Illegible]
[Illegible text follows, appearing as a series of lines of text, mostly obscured by noise and heavy blacking out.]

401

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah
City of Moscow
No. 319-E-2 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

206487

S

Registration District No. 61 State File No. 1011

Prim. Registration District No. 1011 Local Registrar's No. 83

FULL NAME OF CHILD Stillborn at 3rd month

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Y</u>	Date of birth <u>Aug 29 1932</u> (Month) (Day) (Year)
-------------------------	---	---	---------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 8 (a) Born alive and now living

Born alive but now dead at 3 months Stillborn at 3 months

FATHER		MOTHER	
FULL NAME <u>Arthur H. Alban</u>	FULL MAIDEN NAME <u>Emma L. Kienholz</u>		
Residence (Usual place of abode) <u>Addy Wash</u>	Residence (Usual place of abode) <u>Addy Wash</u>		
If nonresident, give place and State <u>Addy Wash</u>	If nonresident, give place and State <u>Addy Wash</u>		
Color or race <u>White</u> Age at last Birthday <u>39</u>	Color or race <u>White</u> Age at last Birthday <u>38</u>		
Birthplace <u>Rosburg Wash.</u> (City and State or Country)	Birthplace <u>Stillbank S. Dak</u> (City and State or Country)		
Occupation <u>Met. worker</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 8.45 P. M.
on the date above stated.

(Signature) D. F. M. Litch

(Physician or midwife)

Address Moscow Idaho

Filed 9-17-32 Bartholomew
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

100

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED OCT 5 1932

County of Latah
City of Kendrick
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Mason Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term Yes 7. Legiti- mate? Yes 8. Date of birth Sept. 30 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Ray H. Mason 18. Full maiden name MOTHER Marion Roberts

10. Residence (usual place of abode) (If non-resident, give place and State) Kendrick 19. Residence (usual place of abode) (If non-resident, give place and State) Kendrick

11. Color or race W 12. Age at last birthday 27 (years) 20. Color or race W 21. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or country) North Dakota 22. Birthplace (city or place) (State or country) Kendrick

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth Unborn Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 A. m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) D. Schmitzen, M. D.

Give name added from a supplemental report _____

or _____, Midwife

Address Kendrick

Filed Sept 30, 1932 B. H. Neale

Registrar.

Registrar.

UNITED STATES OF AMERICA

IN SENATE
January 1, 1900

REPORT
OF THE

COMMISSIONER

OF THE

GENERAL LAND OFFICE

FOR THE YEAR 1899

WASHINGTON

GOVERNMENT PRINTING OFFICE

1899

1899

1899

1899

1899

1899

1899

UNITED STATES OF AMERICA

IN SENATE
January 1, 1900

REPORT
OF THE

COMMISSIONER

OF THE

GENERAL LAND OFFICE

FOR THE YEAR 1899

WASHINGTON

GOVERNMENT PRINTING OFFICE

1899

1899

1899

1899

1899

RECEIVED OCT 5 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE
80687
State File No.

PLACE OF DEATH

County of Latah
City of Kendrick

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Mason

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____

_____ yrs.

_____ mos.

_____ ds.

How long in U. S. if of foreign birth? _____

_____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word.)

female white single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept. 30, 1932

7. AGE

Years

Months

Days

If LESS than 1 day,

_____ hrs. or
_____ min.

0

0

0

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kendrick, Ida
(State or country)

10. NAME OF FATHER

Roy W. Mason

11. BIRTHPLACE OF FATHER (city or town) North Dakota
(State or Country)

12. MAIDEN NAME OF MOTHER

Mamie Roberts

13. BIRTHPLACE OF MOTHER (city or town) Kendrick
(State or Country) Idaho

14.

Informant (Address)

Roy W. Mason

15.

Filed

Sept 30, 1932

B. F. Neel
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9-30-32

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stillborn

CONTRIBUTORY (Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

D. A. Christensen, M. D.

Sept. 30, 1932 (Address) Kendrick, Idaho

19. Place of Burial, Cremation, or Removal

Kendrick

Date of Burial

Sept 30 1932

20. Undertaker

none

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia;** **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho
City of Genesee
No. _____ St. _____

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

206516

Registration District No. _____ State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD "Stillbirth"
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> and { (To be answered only in event of plural births)	Number in order of birth <u>one</u>	Legiti- mate? <u>yes</u>	Date of birth <u>August 20</u> 19 <u>32</u> (Month) (Day) (Year)
--------------------------	--	---	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living noneBorn alive but now dead none Stillborn _____

FATHER		MOTHER	
FULL NAME <u>Clarence M. Vay</u>		FULL MAIDEN NAME <u>Laura Werneke</u>	
Residence (Usual place of abode) <u>Genesee, Idaho</u>		Residence (Usual place of abode) <u>Genesee, Idaho</u>	
If non-resident, give place and State <u>Genesee, Idaho</u>		If non-resident, give place and State <u>Genesee, Idaho</u>	
Color or race <u>White</u> Age at last Birthday <u>29</u> (Years)		Color or race <u>White</u> Age at last Birthday <u>29</u> (Years)	
Birthplace <u>Washington</u> (City and State or County)		Birthplace <u>Idaho</u> (City and State or County)	
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

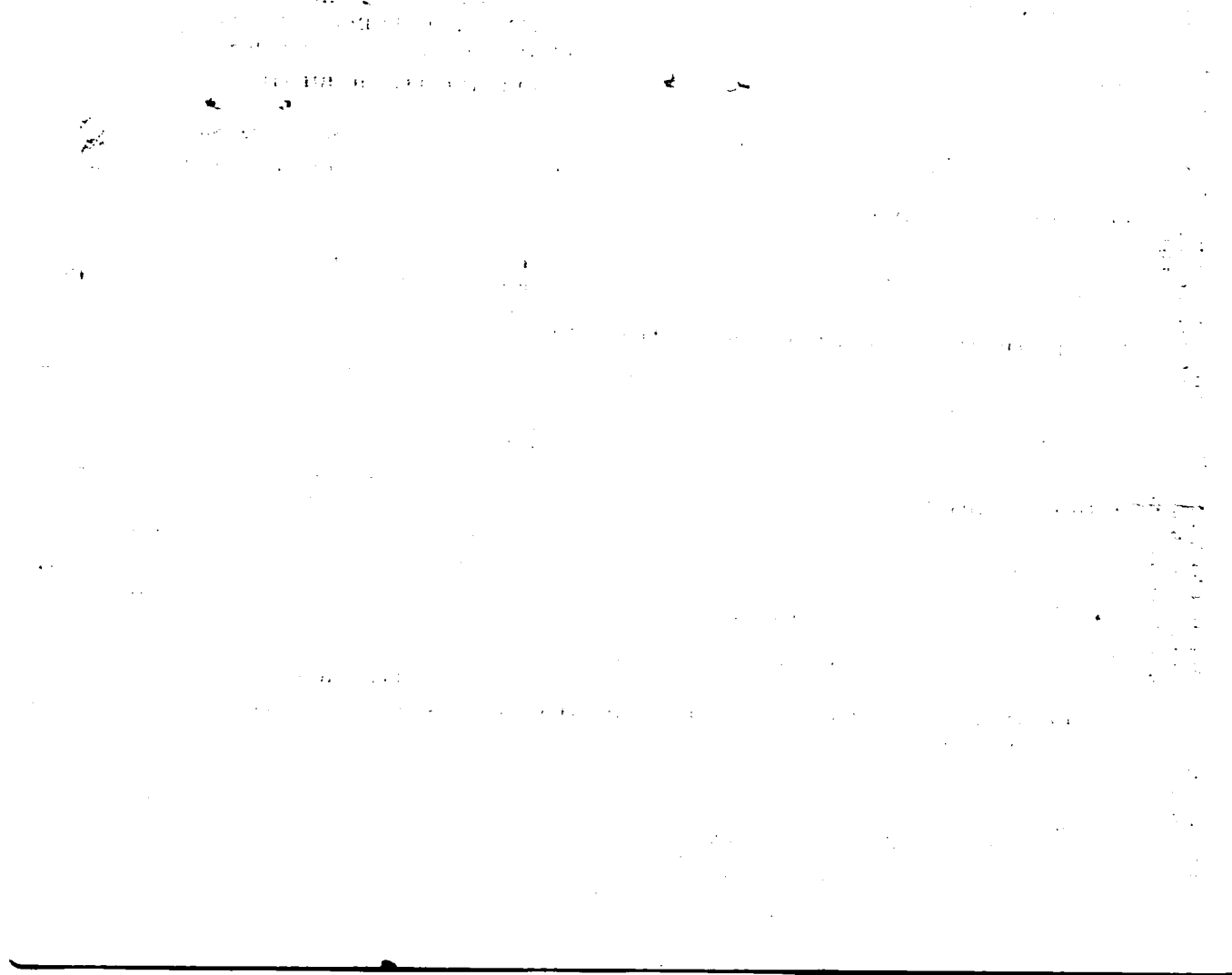
I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 3 ⁴⁵ P. M.

(Signature) J. T. Burg

(Physician or midwife)

Address Mountain ViewFiled Oct 19 1932 E. F. Dick
Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of LatahCity of Genesee

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 62Primary Registration District No. 62(No. 62 St.)File No. 81028Registered No. 206

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

"Stillbirth"

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED —(Write the word.) —

6. DATE OF BIRTH

August 20 1932
(Month) (Day) (Year)

7. AGE

— Yrs. — Mos. — ds.IF LESS than 1 day
how many — hrs.
or — min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. —(b) General nature of industry, business or establishment in which employed (or employer) —

9. BIRTHPLACE

(State or Country) Idaho.

10. NAME OF FATHER

Clarence M. Vay

11. BIRTHPLACE OF FATHER

(State or Country) Washington

12. MAIDEN NAME OF MOTHER

Laura Werneke

13. BIRTHPLACE OF MOTHER

(State or Country) Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence M. Vay(Address) Genesee, Idaho.15. Oct. 1 1932 E. H. Pild
Filed — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 20 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

— 19— to — 19—that I last saw him — alive on — 19—and that death occurred on the date stated above, at — M.

The CAUSE OF DEATH* was as follows:

Prolonged Labor. Abnormal

(Duration) Yrs. mos. ds.

Contributory Long at birth, abnormal growth
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. Walter L. Bury M. D.Aug 20 19 32 (Address) Henderson Wb.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death — yrs. — mos. — days. In the State — yrs. — mos. — days

Where was disease contracted if not at place of death?

Former or usual residence —

19. PLACE OF BURIAL OR REMOVAL

Home Bur. Idaho.

DATE OF BURIAL

8/20 1932

20. UNDERTAKER

None

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1937

County of Madison
City of Reeburg
No. 123-21-3 E St.

CERTIFICATE OF BIRTH 206550

Registration District No. 100 State File No. SPrim. Registration District No. 217E Local Registrar's No. 23E

(If born in hospital or institution give name.)

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u></u>	and { Number in order of birth <u></u>	Legitimate? <u>E</u>	Date of birth <u>9</u> <u>28</u> <u>1932</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? noneNumber of child of this mother, including present birth. 3 (a) Born alive and now living 2Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Joseph H. Barber</u>	MOTHER FULL MAIDEN NAME <u>Mabel Worlton</u>
---	---

Residence (Usual place of abode) ReeburgIt was resident, give place and State IdahoColor or race White Age at last Birthday 31 (Years)Birthplace Idaho (City and State or County)Occupation Mail CarrierColor or race White Age at last Birthday 28 (Years)Birthplace Idaho (City and State or County)Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 10:30 P M. on the date above stated.(Signature) Wm. H. Webb

(Physician or midwife)

Address Reeburg IdahoFiled 10/5 1932 W. H. Webb Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

100

100

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED OCT 7 1932
CERTIFICATE OF DEATHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Madison
City of RebbergRegistration District No. 100Primary Registration District No. 2178

(No. _____ St.)

State File No. 80706Local Registrar's No. 37

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

(Premature) Baby Barber

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

Sept 28 1932
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Stillborn

9. BIRTHPLACE

(State or Country)

Rebberg

10. NAME OF

Father

Joseph Barber

11. BIRTHPLACE

OF FATHER

(State or Country)

Rebberg Ida

12. MAIDEN NAME

OF MOTHER

Mabel Norton

13. BIRTHPLACE

OF MOTHER

(State or Country)

Rebberg Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Joseph H. Barber

(Address)

15.

Filed

9/28

1932

J. R. Young
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9 28 1932
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
9-38 1932 to 9-28 1932that I last saw him alive on 19
and that death occurred on the date stated above, at 10:00 M.

The CAUSE OF DEATH* was as follows:

Torsion of Umbilical Cord
(5 months pregnancy)

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

9/28 1932 Rebberg Idaho
(Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

Rebberg

DATE OF BURIAL

19

20. UNDERTAKER

none

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH.—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka
City of Rupert
No. 618 2nd St.

RECEIVED OCT 6 1937
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 206577

Registration District No. 19 State File No. S
Prim. Registration District No. 2215 Local Registrar's No. 47

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth <u>1</u>	Legitimacy <u>Yes</u>	Date of birth <u>8-1</u> 19 <u>37</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? yes Silver 10-90

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead — Stillborn 1

FATHER FULL NAME <u>Alma Catmull</u>	MOTHER FULL MAIDEN NAME <u>Missie Hasty</u>
---	--

Residence (Usual place of abode) Rupert, Ida.

If non-resident, give place and State

Color or race White Age at last Birthday 32 (Years)

Birthplace Idaho Falls, Ida. (City and State or County)

Occupation Auto Mechanic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn Born alive at 9:30 A. M. on the date above stated.

(Signature) Edmund J. [Signature]

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Curley, Glas.

Filed Sept. 12 1937 Edmund J. [Signature]
Registrar.

1109

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE ~~FORWARDED~~ **RECEIVED** OCT 5 1932 STATE OF IDAHO
COUNTY OF Neusee Ida DEPARTMENT OF PUBLIC WELFARE
CITY OF Southwick BUREAU OF VITAL STATISTICS
No. X St. CERTIFICATE OF BIRTH 206583
Registration District No. 63 State File No. S
(If born in hospital or institution give name.)
Prim. Registration District No. 2143 Local Registrar's No. S
FULL NAME OF CHILD Still Birth no name
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of birth <u>Sept 3rd</u> 19 <u>32</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? None needed

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead None Stillborn one in this birth

FATHER FULL NAME <u>Otis Mahaffey</u>	MOTHER FULL MAIDEN NAME <u>Dollie Jones</u>
--	--

Residence (Usual place of abode) <u>Elk River Ida</u>	Residence (Usual place of abode) <u>Elk River Ida</u>
---	---

If nonresident, give place and State

Color or race <u>White</u> Age at last Birthday <u>29</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>24</u> (Years)
---	---

Birthplace <u>Oklahoma</u> (City and State or Country)	Birthplace <u>Forrester Kansas</u> (City and State or Country)
---	---

Occupation <u>Lumber mill worker</u>	Occupation <u>Housewife</u>
--------------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at S-D-P M.
on the date above stated.

(Signature) Russell Truitt

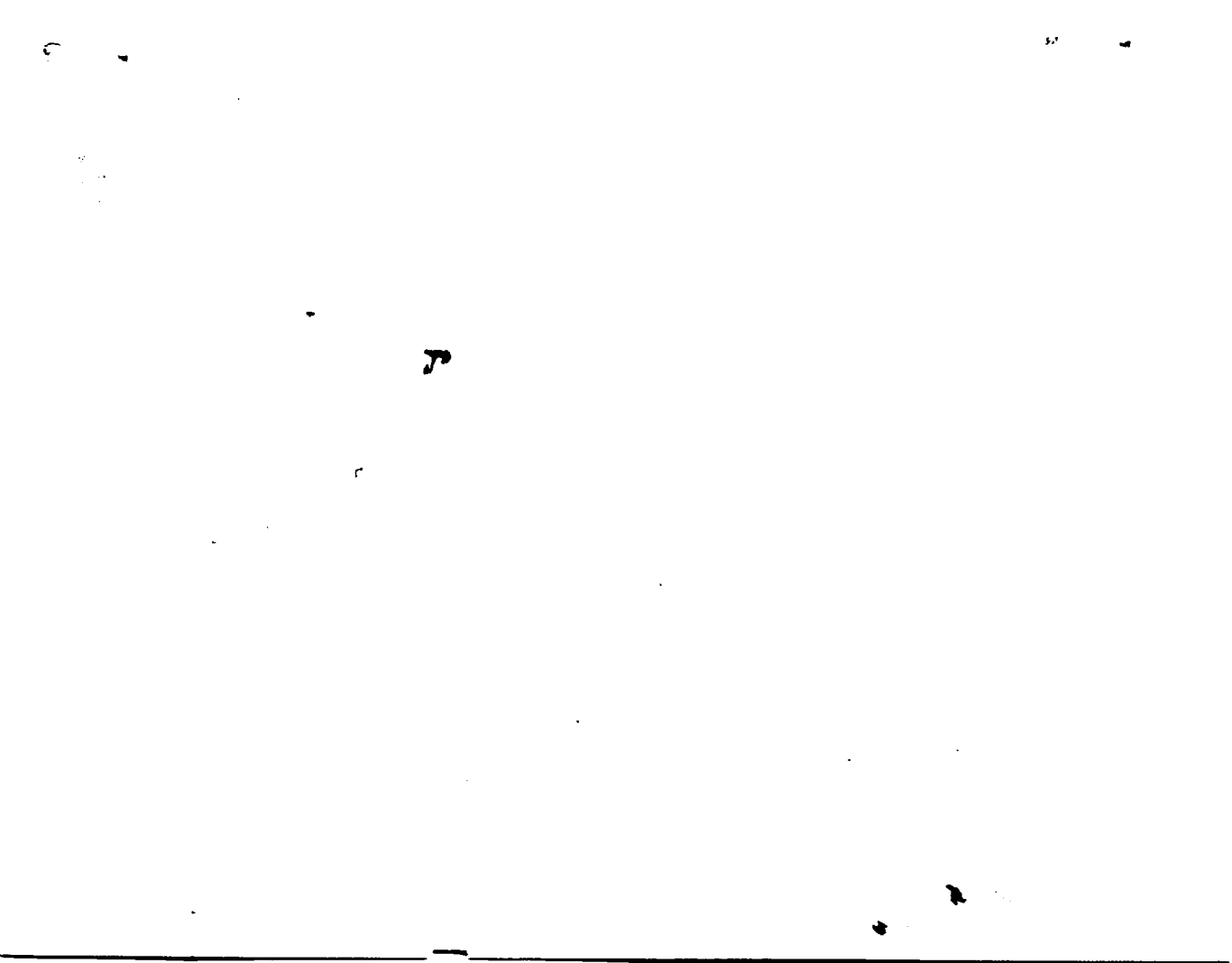
Physician
(Physician or midwife)

Address Southwick Ida

Filed Sept 8 1932 B. E. Nesbit
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

X 6 to 7 mos -



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **80743**

PLACE OF DEATH
County of *Nespecon Id.*
City of *Southwick P.O.*

Registration District No. *63*
Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Still Birth not named*

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Neither*
6. DATE OF BIRTH (month, day and year) *Sept 3rd 1932*
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
6 to 7 mos in uterus *X*
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *None*
(b) General nature of industry, business, or establishment in which employed (or employer) *X*
(c) Name of employer *X*
9. BIRTHPLACE (city or town) *Southwick Id.*
(State or country)

PARENTS

10. NAME OF FATHER *Otis Mahaffey*
11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Okl.*
12. MAIDEN NAME OF MOTHER *Sallie Jones*
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Idaho*

14. Informant *Sallie Jones Mahaffey*
(Address) *Southwick Id. - Elk River Id.*
15. Filed *Sept 8 1932* *P.F. Nesbit*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Sept 3rd 1932*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Sept 3rd 1932* to *Sept 3rd 1932*
that I last saw him *live on* *dead Sept 3rd 1932*
and that death occurred, on the date stated above, at *5 P.M.* m.
The CAUSE OF DEATH* was as follows:

Premature Birth about 6 to 7 mos in uterus, dead at birth
(duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) *Unknown*
(duration) yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? *no* Date of _____
Was there an autopsy? *no*
What test confirmed diagnosis? *Clinical tests*
(Signed) *Russell Pruitt* D.
Sept 3rd 1932 (Address) *Southwick Id.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Southwick Cemetery* Date of Burial *Sept 9th 1932*
20. Undertaker *Had none* Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED OCT 10 1932		STATE OF IDAHO	
County of <u>Madison</u>		DEPARTMENT OF PUBLIC WELFARE		206613	
City of <u>Lewiston</u>		BUREAU OF VITAL STATISTICS		S	
No. <u>W. Hite Hooper</u> St.		Registration District No. <u>96</u>		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1009</u>		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Baby Wesley Stillborn</u>					
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <input checked="" type="checkbox"/>	7. Legitimate? <u>yes</u>	8. Date of birth <u>9-5</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
5. Number, in order of birth _____			Full term _____		
9. Full name FATHER <u>Ralph Wesley</u>			18. Full maiden name MOTHER <u>Ruth Parsons</u>		
10. Residence (usual place of abode) <u>Lewiston</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>Lewiston</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>			20. Color or race <u>white</u>		
12. Age at last birthday <u>25</u> (years)			21. Age at last birthday <u>12</u> (years)		
13. Birthplace (city or place) <u>Frank Idaho</u> (State or country)			22. Birthplace (city or place) <u>Lewiston</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
	16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		19. _____		26. Total time (years) spent in this work _____	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, <u>1</u> months period of gestation _____ or weeks _____			29. Cause of stillbirth _____		
Before labor _____			During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn m. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) E. J. White, M. D.

or _____ Midwife

Give name added from
a supplemental report _____

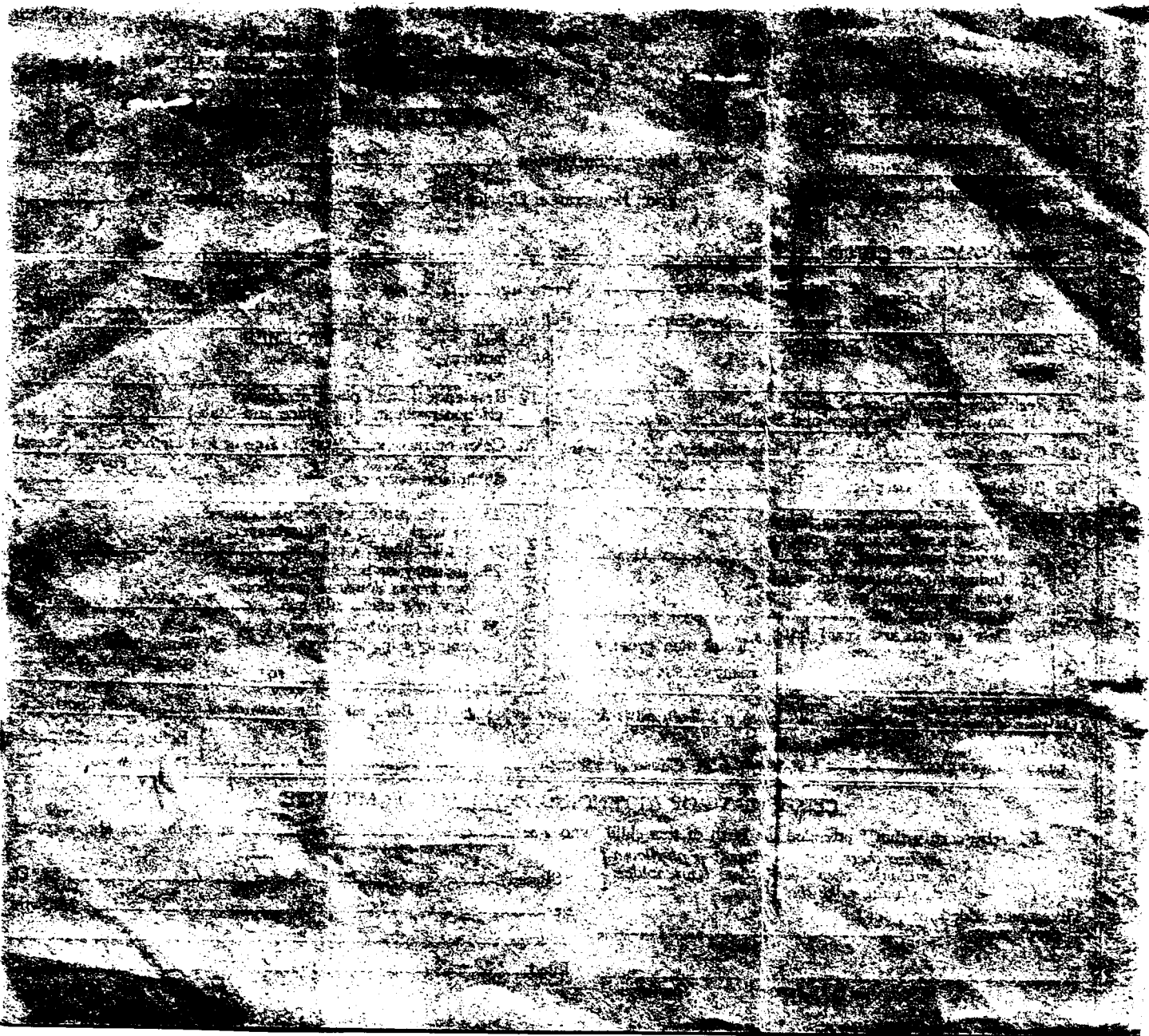
(DATE OF)

Address Lewiston

Filed 10-6, 1932

Registrar.

J. M. Lyle
By 10-6 Registrar.



UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

293-125-042-299 '93

PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. R. F. D. 2 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

206688

CERTIFICATE OF BIRTH

S

Registration District No. 37 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2085 Local Registrar's No. 373

FULL NAME OF CHILD Stillborn Bitter
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>9 - 25 - 1932</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0

Born alive but now dead. 0 Stillborn _____

FATHER FULL NAME <u>Reed Bitter</u>	MOTHER FULL MAIDEN NAME <u>Phyllis Kirkman</u>
--	---

Residence (Usual place of abode) <u>Twin Falls</u>	Residence (Usual place of abode) <u>Twin Falls</u>
--	--

If non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>white</u> Age at last Birthday <u>27</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>25</u> (Years)
---	---

Birthplace <u>Utah</u> (City and State or County)	Birthplace <u>Utah</u> (City and State or County)
---	---

Occupation <u>laborer</u>	Occupation <u>housewife</u>
---------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn 89 M. on the date above stated.

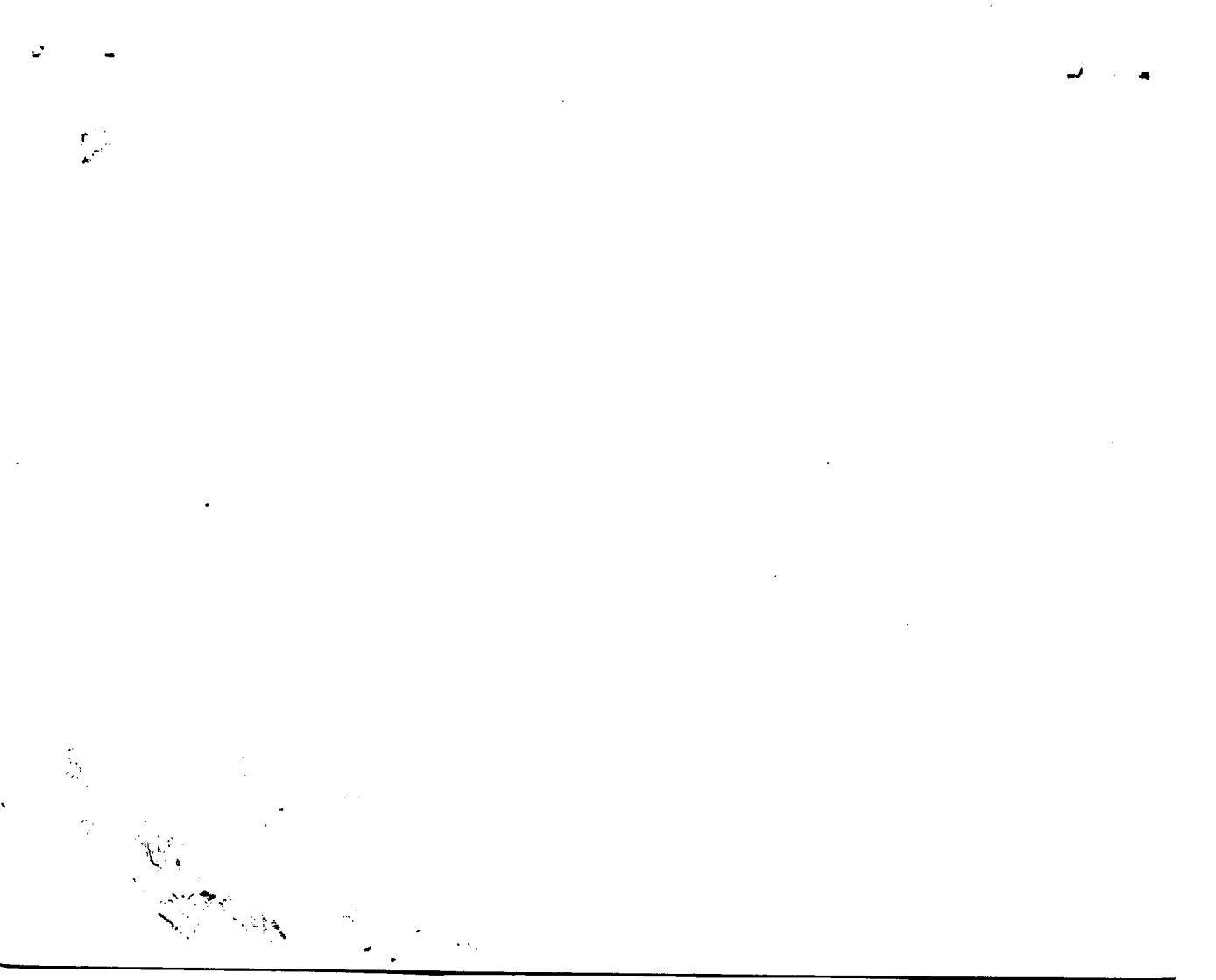
(Signature) [Signature]

(Physician or midwife)

Address Twin Falls, Ida.

Filed Oct. 3 1932 Geo. R. Halley
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 80786Local Registrar's No. 182

(No. Twin Falls, Ida., Route # 2)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby R.E. Bitter,(a) Residence. No. Twin Falls, Route #2 St. 206

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed, or Divorced (write the word)
XX5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 25th 1932

7. AGE 0 Years

0 Months

0 Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. X9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. X10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Twin Falls, Idaho
(State or country)OCCUPATION
FATHER
MOTHER13. NAME R.E. Bitter,14. BIRTHPLACE (city or town) Utah.
(State or country)15. MAIDEN NAME Phyllis Kirkman16. BIRTHPLACE (city or town) Utah.
(State or country)17. INFORMANT R.E. Bitter,
(Address) Twin Falls, Idaho. Route 218. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls, Date Sept. 26-193219. UNDERTAKER S.C. Phillips,
(Address) Twin Falls, Idaho.20. FILED 9/27, 1932

George C. Hickey M.D.
Registrar
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 25th 193222. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1932 to Sept 25, 1932I last saw him Sept 25, 1932; death is said
to have occurred on the date stated above, at 8 A. m.The principal cause of death and related causes of importance
were as follows: Still born

Date of onset

Other contributory causes of importance:

Name of operation None Date of —What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1932Where did injury occur? —
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —(Signed) H. E. Lamb, M.D.(Address) —

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *corn mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full, descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer.” A more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VALUE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 206717

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 752-2 Ave East
Private Sanitarium
(If born in hospital or institution give name.)

Registration District No. 27 State File No. _____
Prim. Registration District No. 1085 Local Registrar's No. 368

2. FULL NAME OF CHILD Baby Werner Stillborn

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate yes 8. Date of birth Sept 2, 1932
(MONTH, DAY, YEAR)

9. Full name of FATHER Ed. Werner 18. Full maiden name of MOTHER Bertha Moehner
10. Residence (usual place of abode) Twin Falls 19. Residence (usual place of abode) Twin Falls
(If non-resident, give place and State)

11. Color or race White 20. Color or race White
12. Age at last birthday 39 (years) 21. Age at last birthday 43 (years)

13. Birthplace (city or place) Deshler Neb 22. Birthplace (city or place) Inogene Iowa
(State or country) Thayer Co (State or country) Tremont Co

OCCUPATION	FATHER	MOTHER
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Order Clerk</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work <u>4</u>	26. Total time (years) spent in this work <u>6</u>	

27. Number of children of this mother 5
(At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

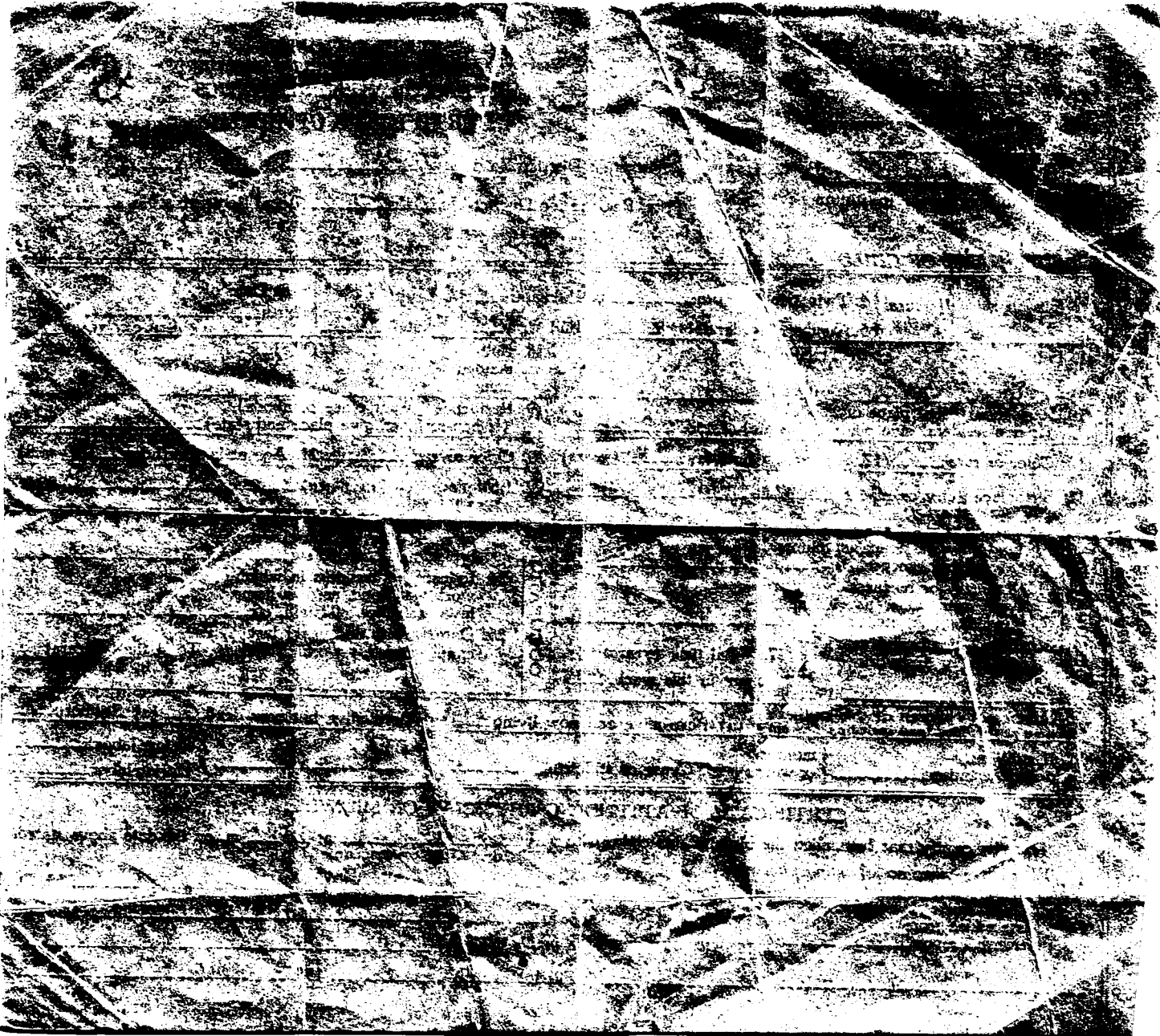
28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:00 P. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }
Give name added from _____
a supplemental report _____
(DATE OF) _____

(Signed) H. E. Rumb, M. D.
or _____, Midwife
Address Twin Falls, Idaho
Filed Oct, 3, 1932 Geo. E. Harey
Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
80779
State File No.

PLACE OF DEATH *Twin Falls*
County of *Twin Falls*
City of *Twin Falls*

CERTIFICATE OF DEATH

Registration District No. *37*
Primary Registration District No. *1082* Local Registrar's No. *162*

(No. *unusual Sanitation*)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Lady Werner*

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. *0* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>0</i>	<i>0</i>	<i>0</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *0*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Twin Falls*
(State or country)

13. NAME *Ed. V. Werner*

14. BIRTHPLACE (city or town) *Stanhope, Neb.*
(State or country)

15. MAIDEN NAME *Gertha Moehnert*

16. BIRTHPLACE (city or town) *Mayago*
(State or country)

17. INFORMANT *Ed. V. Werner*
(Address) *Twin Falls*

18. BURIAL, CREMATION, OR REMOVAL
Place *Twin Falls* Date *9/3*, 1932

19. UNDERTAKER *Quayle & Johnson*
(Address) *Twin Falls*

20. FILED *9/2*, 1932 *Elizabeth J. Smith*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *9/2*, 1932

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1932* to *Sept 1932*, 1932.

I last saw him alive on *Sept 1932*; death is said to have occurred on the date stated above, at *11* m.

The principal cause of death and related causes of importance were as follows:
I know of no cause other than
high blood pressure
heart

Other contributory causes of importance:

Name of operation *none* Date of *—*

What test confirmed diagnosis? *—* Was there an autopsy? *—*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *—* Date of injury *—*, 1932.

Where did injury occur? *—*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *—*

Manner of injury *—*

Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *—*

(Signed) *H. E. Lamb*, M. D.
(Address) *—*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

957-211001-753

1. DATE OF BIRTH

County of

City of

No.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

06783

Registration District No.

State File No.

Prim. Registration District No.

Local Registrar's No.

2. FULL NAME OF CHILD

3. Sex

If plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate?

8. Date of birth

(MONTH, DAY, YEAR)

9. Full name

FATHER

18. Full maiden name

MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State)

19. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race

12. Age at last birthday (years)

20. Color or race

21. Age at last birthday (years)

13. Birthplace (city or place) (State or country)

22. Birthplace (city or place) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation

months or weeks

29. Cause of stillbirth

Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. D.

or Midwife

Address

Filed 10-13 1932 W. H. Rhodes

Give name added from a supplemental report

(DATE OF)

Registrar.

Registrar.

OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON, D. C.
1900

THE CENSUS OF 1900
WAS TAKEN ON APRIL 15, 1900
AND THE RESULTS WERE
PUBLISHED IN THE
MONTH OF JUNE, 1900
THE CENSUS OF 1900
WAS THE FIRST CENSUS
TAKEN IN THE UNITED STATES
SINCE 1880
AND THE RESULTS WERE
PUBLISHED IN THE
MONTH OF JUNE, 1900
THE CENSUS OF 1900
WAS THE FIRST CENSUS
TAKEN IN THE UNITED STATES
SINCE 1880
AND THE RESULTS WERE
PUBLISHED IN THE
MONTH OF JUNE, 1900

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1932 PLACE OF DEATH County of <u>Ada</u> City of <u>Boise</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. <u>2004</u> Primary Registration District No. <u>2004</u> Local Registrar's No. <u>270</u>		DO NOT WRITE IN THIS SPACE <div style="font-size: 2em; font-weight: bold;">80830</div> State File No. <u>206</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Ingalls</u>					
(a) Residence. No. <u>1203. Leadville Street.</u> St. (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>October, 11, 1932</u>					
7. AGE Years		Months		Days	
				If LESS than 1 day, hrs. or min.	
OCCUPATION			8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>		
			9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
			10. Date deceased last worked at this occupation (month and year)		
			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)					
FATHER			13. NAME <u>Harry Ingalls.</u>		
			14. BIRTHPLACE (city or town) <u>Colorado.</u> (State or country)		
			15. MAIDEN NAME <u>Bertie Getts.</u>		
MOTHER			16. BIRTHPLACE (city or town) <u>Wisconsin.</u> (State or country)		
			17. INFORMANT <u>Harry Ingalls. R.D. # 5.</u> (Address) <u>Boise, Idaho.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery. Oct. 12, 1932</u>					
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>10-13, 1932</u> <u>W. W. Rhodes</u> Registrar.					
21. DATE OF DEATH (month, day, and year) <u>Oct 11, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>stillborn</u> , 1932, to <u>stillborn</u> , 1932.					
I last saw him alive on <u>Oct 11, 1932</u> ; death is said to have occurred on the date stated above, at <u>stillborn</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>had been dead about one week before birth</u> <u>cause of death indetermined</u>					
Other contributory causes of importance:					
<u>cause of death indetermined</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1932					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>H. M. Holmerson</u> , M. D.					
(Address) <u>Boise, Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
County of Adams
City of Council

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 71 State File No. S

Prim. Registration District No. _____ Local Registrar's No. 63

2. FULL NAME OF CHILD

Baby Jean

3. Sex Male If plural births _____ 4. Twin, triplet, or other 0 6. Premature yes 7. Legitimate? yes 8. Date of birth Nov 1, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER John Robert Jean

10. Residence (usual place of abode) (If non-resident, give place and State) Council

11. Color or race W 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or country) La Jara Colo

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work NOV 10 1932, 19 _____

17. Total time (years) spent in this work life

18. Full maiden name MOTHER Mary Ellen Davis

19. Residence (usual place of abode) (If non-resident, give place and State) Council

20. Color or race W 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work NOV 10 1932, 19 _____

26. Total time (years) spent in this work life

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 8 1/2 months or weeks 29. Cause of stillbirth Shoulder presentation Before labor 0 During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 8:30 PM on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF) _____

(Signed) Alvin S. Thurston, M. D.

or _____, Midwife
Address Council Dr. Alvin S. Thurston

Filed NOV 10 1932, 1932 Council, Idaho Registrar.

Registrar.

PLACED IN THE HANDS OF THE DEPARTMENT OF JUSTICE

RECEIVED BY THE DEPARTMENT OF JUSTICE
 OFFICE OF THE ATTORNEY GENERAL
 DIVISION OF INVESTIGATION
 WASHINGTON, D. C.

NOTARY PUBLIC		NOTARY PUBLIC	
NAME	RESIDENCE (Street, City and State)	NAME	RESIDENCE (Street, City and State)
1. Name of Notary Public	2. Residence (Street, City and State)	3. Name of Notary Public	4. Residence (Street, City and State)
5. Date of Commission	6. Term of Commission	7. Date of Commission	8. Term of Commission
9. Signature of Notary Public	10. Signature of Notary Public	11. Signature of Notary Public	12. Signature of Notary Public

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the _____ day of _____, 19____, at _____, _____, _____.

(Signed) _____

Address _____

City _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED
PLACE OF DEATH

10V 12

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

80860

State File No.

County of Adams

City of Council

Registration District No. 71

Primary Registration District No.

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Jean

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 0 mos.

(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Nov. 1, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Council Bluffs
(State or country)

13. NAME John Robert Jean

14. BIRTHPLACE (city or town) La Jolla, Calif.
(State or country)

15. MAIDEN NAME Mary Allen DAVIS

16. BIRTHPLACE (city or town) Quincy, Ill.
(State or country)

17. INFORMANT John Jean Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cemetery Date Nov 2, 1932

19. UNDERTAKER Family
(Address)

20. FILED Nov 10, 1932 John S. Thurston

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____

I last saw him live on Nov. 1, 1932. Death is said

to have occurred on the date stated above, at 8:30 PM

The principal cause of death and related causes of importance were as follows:

Stillborn.

Immaturity.

Shoulder pernatation.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John S. Thurston, M. D.

(Address) Council

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Pocatello
City of _____
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
-206852

Registration District No. 28 State File No. _____
Lynn Bros. Hospital. (If born in hospital or institution give name.)
Prim. Registration District No. 2161 Local Registrar's No. 61
FULL NAME OF CHILD Roy Nelson Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>10-25</u> (Month) (Day) (Year) <u>1932</u>
--------------------------	---	--------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? AGNO3. 2%

Number of child of this mother, including present birth I (a) Born alive and now living None
Born alive but now dead above only Stillborn _____

FATHER
FULL NAME Fredrick Roy Nelson
Residence (Usual place of abode) Sterling, Ida
If nonresident, give place and State Yes
Color or race White Age at last Birthday 31 (Years)
Birthplace Oklahoma (City and State or Country)
Occupation Farming

MOTHER
FULL MAIDEN NAME Sophia Hunt
Residence (Usual place of abode) Sterling, Ida
If nonresident, give place and State Yes
Color or race White Age at last Birthday 27 (Years)
Birthplace Nebraska (City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { ~~Stillborn~~ } at _____ M.
on the date above stated.

(Signature) W. Lynn
Phys. _____

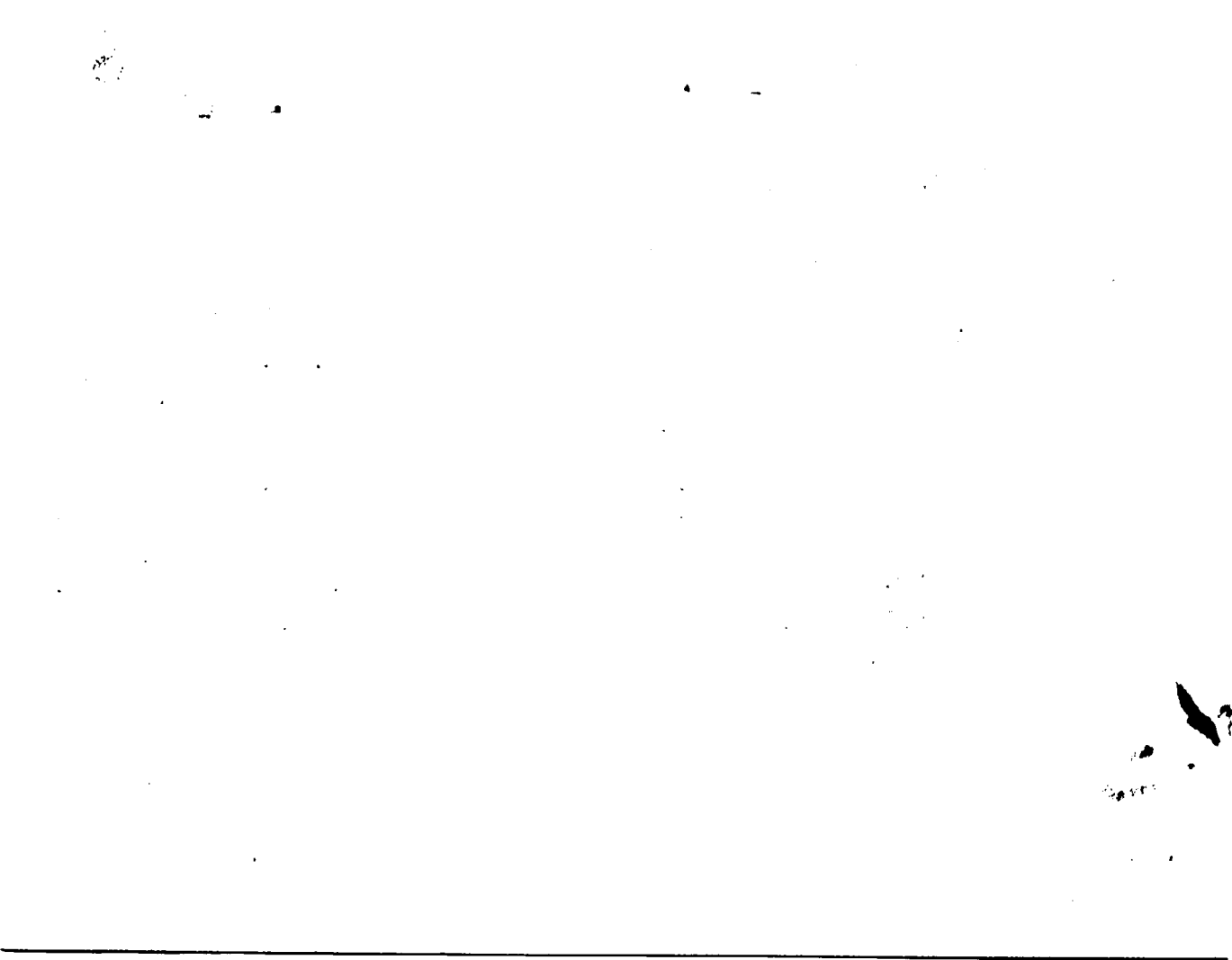
(Physician or midwife)

Address Pocatello, Idaho

Filed Nov 7 1932 D. C. Ray

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 80873

Registered No. 415

1. PLACE OF DEATH

Bannock.

Registration District No.

County of

Primary Registration District No. 2161

City of Pocatello, Idaho. (No. St.)

If death occurs away from usual residence, give facts called for under special information.

Born at Lynn B. Hospital.

2. FULL NAME

Roy Nelson.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White.

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

Single. (Infant)

(Write the word.)

6. DATE OF BIRTH

Oct. 25. 1932
(Month) (Day) (Year)

7. AGE

Stillborn.

IF LESS than 1 day

how many hrs.

or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

Single infant. Stillborn.

(b) General nature of industry, business or establishment in which employed (or employer).

Infant stillborn.

9. BIRTHPLACE

Pocatello, Idaho.

(State or Country)

10. NAME OF FATHER

Fredrick Roy Nelson.

11. BIRTHPLACE OF FATHER

Oklahoma.

(State or Country)

12. MAIDEN NAME OF MOTHER

Sophia Hunt.

13. BIRTHPLACE OF MOTHER

Nebraska.

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Fredrick R. Nelson. Mother.

(Address)

Sterling, Idaho.

15.

Filed 10-27 1932

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October. 25. 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 25. 1932 to Oct. 25. 1932.

that I last saw him in XXXX Dead. Oct. 25. 1932.

and that death occurred on the date stated above, at 12 P. M.

The CAUSE OF DEATH* was as follows:

Premature about five months.

stillborn.

(Duration) Yrs. mos. ds.

Contributory (Secondary)

Premature. stillborn.

(Duration) yrs. mos. ds.

(Signed)

10-25-32

(Address)

Pocatello, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death? Stillborn.

Former or usual residence Sterling, Idaho.

19. PLACE OF BURIAL OR REMOVAL

Pocatello

DATE OF BURIAL

Oct. 26, 1932

20. UNDERTAKER

Downard Fur. Home

ADDRESS

Pocatello

Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Bingham
City of Blackfoot

No. Buck Hospital St.
(If born in hospital or institution
give name.)

FULL NAME OF CHILD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
206895
Registration District No. 121 State File No. 381
Prim. Registration District No. 1007 Local Registrar's No. 381
Stillborn Murdock
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of birth Oct 23 1932
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 10 (a) Born alive and now living 7
Born alive but now dead 1 Stillborn 2

FATHER FULL NAME Leo Delbert Murdock FULL MAIDEN NAME Francis Rosetta Dance
RESIDENCE (Usual place of abode) Blackfoot RESIDENCE (Usual place of abode) Blackfoot Id

It non-resident, give place and State. RD # 2 If non-resident, give place and State. RD # 2

Color or race White Age at last Birthday 41 Color or race White Age at last Birthday 39
(Years) (Years)

Birthplace Marietta Utah Birthplace Wilson Utah
(City and State or County) (City and State or County)

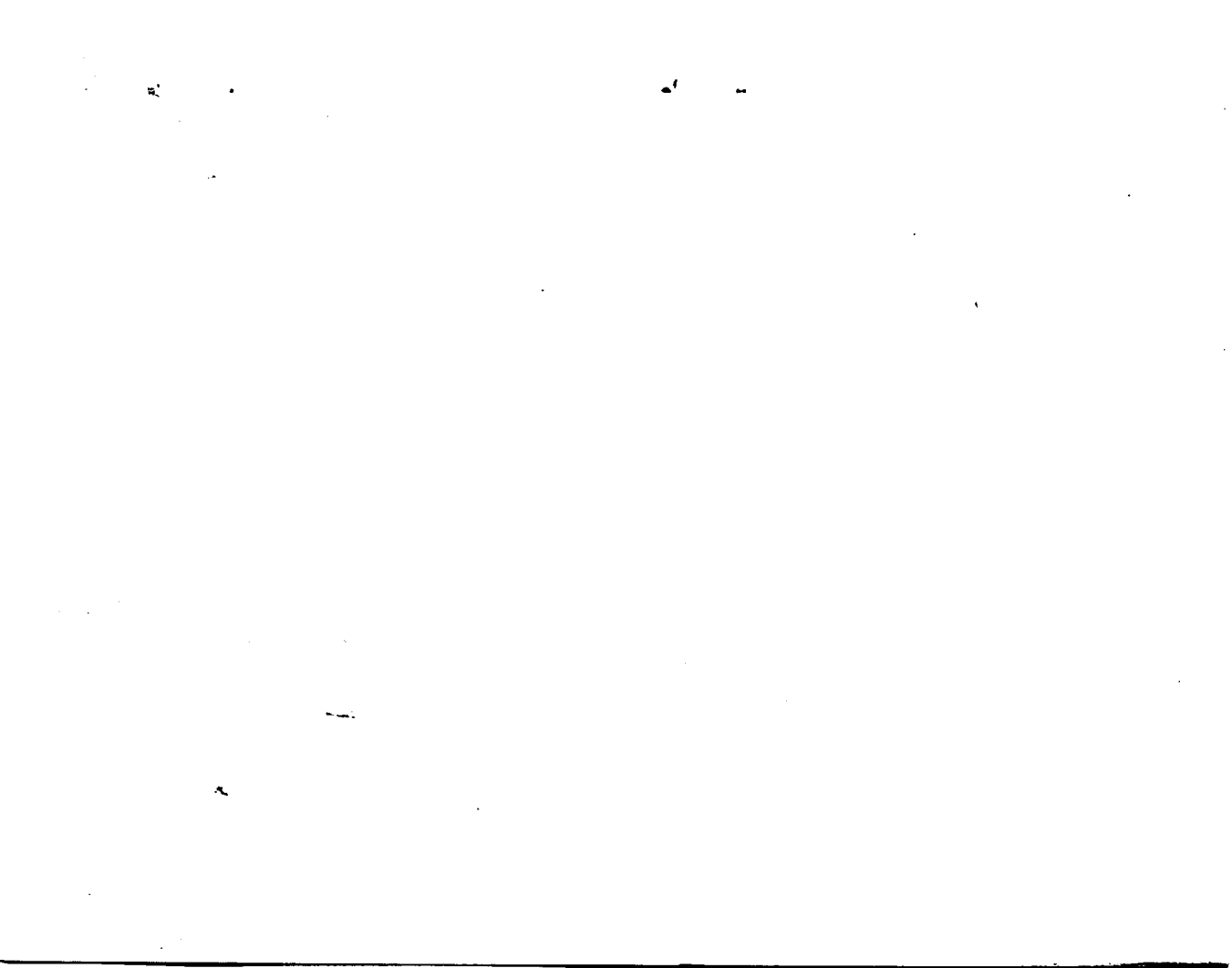
Occupation Farmer Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 8:15 P. M.
on the date above stated. (Signature) W. W. Beck

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Blackfoot, Idaho
Filed Nov 4 1932 Mrs. Helen E. Fabrie
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 80898	
County of <u>Bingham</u> City of <u>Blackfoot</u>		Registration District No. <u>121</u> Primary Registration District No. <u>2194</u>		Local Registrar's No. <u>139</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn Murdock</u> 206					
(a) Residence. No. _____ St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Singl</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct 23, 1937</u>					
7. AGE <u>Stillborn</u>		Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Blackfoot</u> (State or country) <u>Ida</u>					
MOTHER	13. NAME <u>Lev D. Murdock</u>				
	14. BIRTHPLACE (city or town) <u>Marriott</u> (State or country) <u>Utah</u>				
	15. MAIDEN NAME <u>Francis Rosetta Dance</u>				
	16. BIRTHPLACE (city or town) <u>Wilson</u> (State or country) <u>Utah</u>				
17. INFORMANT <u>Mrs. Lev D. Murdock</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193 _____					
19. UNDERTAKER <u>Lev D. Murdock</u> (Address) <u>Blackfoot, Idaho #2</u>					
20. FILED <u>Oct 27, 1937</u> <u>Mrs. Walter E. Vance</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 23, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 _____ <u>Stillborn</u> I last saw him alive on _____, 193 _____; death is said to have occurred on the date stated above, at <u>8:45</u> m. The principal cause of death and related causes of importance were as follows: <u>Premature birth</u> <u>Placenta Previa</u> Other contributory causes of importance: _____					
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify _____ (Signed) <u>W. W. Beck</u> , M. D. (Address) <u>Blackfoot, Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED NOV 7 1932
County of Bingham
City of Pingree
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 206924
CERTIFICATE OF BIRTH

Registration District No. 121 State File No. S

(If born in hospital or institution give name.)

Prim. Registration District No. 2194 Local Registrar's No. 315-

2. FULL NAME OF CHILD Stellborn Atwood

3. Sex male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct 12, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Ivan James Atwood
10. Residence (usual place of abode) Pingree, Ida
(If non-resident, give place and State) Pingree, Ida
11. Color or race W 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Spanish Fork, Ut
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Lenora Boyd
19. Residence (usual place of abode) Pingree, Ida
(If non-resident, give place and state) Pingree, Ida
20. Color or race W 21. Age at last birthday 36 (years)
22. Birthplace (city or place) Hopkinsville, Kentucky
(State or country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. Number of children of this mother 10
(At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 2
28. If stillborn, { months { 29. Cause of stillbirth _____
period of gestation { or weeks { { Before labor _____
{ { { During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 noon on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
{ or midwife, then the father, householder,
{ etc., should make this return.

Give name added from
a supplemental report _____

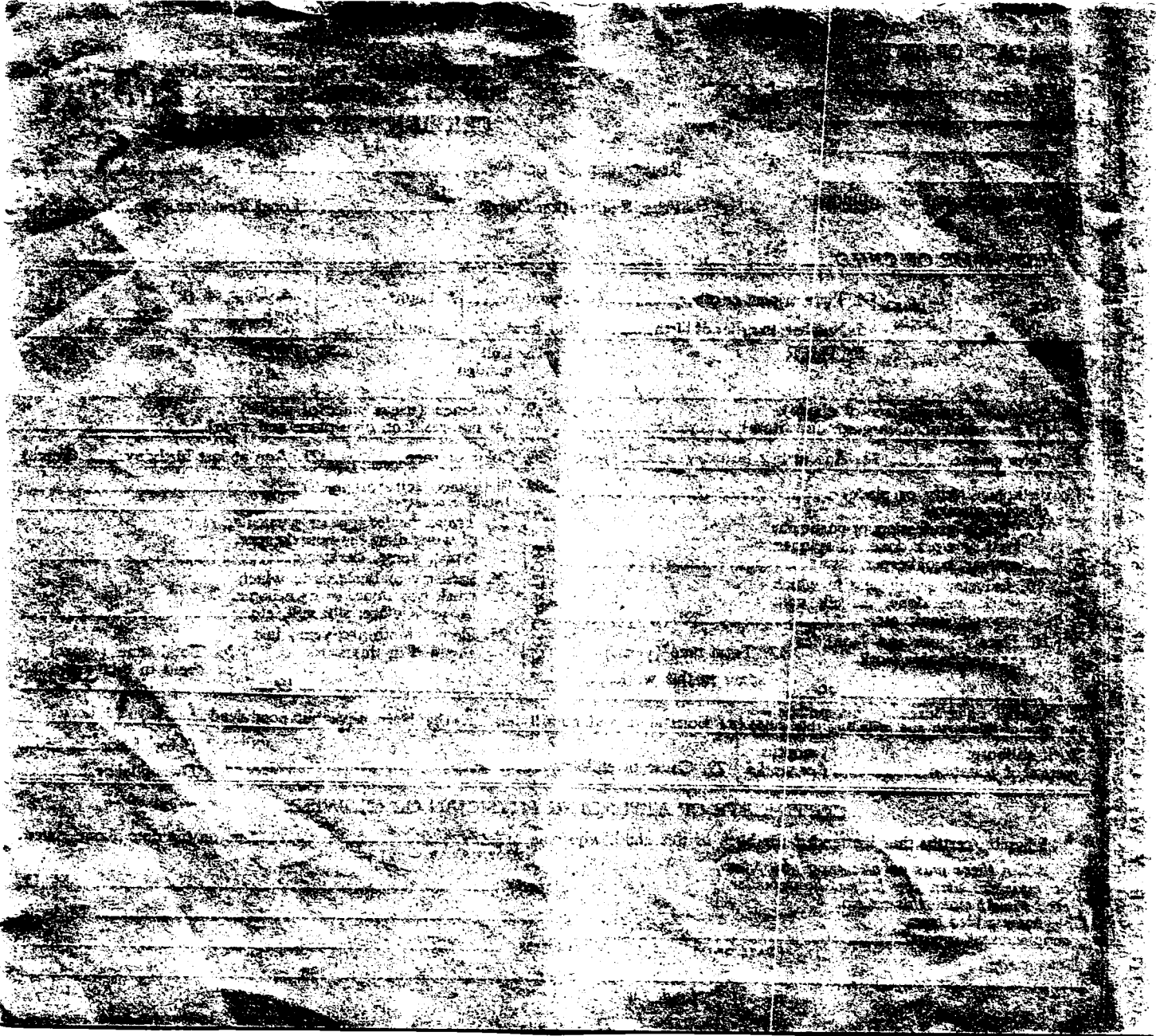
(DATE OF)

(Signed) W W Beck, M. D.

or _____, Midwife

Address Blackfoot, Ida

Filed Nov. 4, 1932 W W Beck
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 7 1937

PLACE OF DEATH

County of BinghamCity of Pinegre

1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

80899

State File No. _____

Local Registrar's No. 134

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Atwood(a) Residence. No. Pinegre St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Oct 14, 19377. AGE Stillborn Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pinegre, Ida
(State or country)13. NAME Ivan James Atwood14. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah15. MAIDEN NAME Lenora Boyd16. BIRTHPLACE (city or town) Hopkinsville
(State or country) Kentucky17. INFORMANT Hubert Atwood
(Address) Pinegre, Ida18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Date Oct 14, 193719. UNDERTAKER Thas. J. J.
(Address) _____20. FILED Oct 14, 1937 Mr. Walter E. Paton
(Address) _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Stillborn Oct 14 1937

22. I HEREBY CERTIFY, That I attended deceased from _____

Stillborn 1937, to _____, 1937

I last saw him alive on _____, 1937; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows: _____ Date of onset _____

Stillborn Had been deadfor several days skin was browncould determine no cause

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. W. Beck M. D.(Address) Blackfoot, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED NOV 7 1932
County of Bingham
City of Shelley, Ida
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 206925

(If born in hospital or institution give name.)

Registration District No. 121 State File No. _____
Prim. Registration District No. 2194 Local Registrar's No. 370

2. FULL NAME OF CHILD Marjorie Fielding Stillborn

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Oct 2, 1932 (MONTH, DAY, YEAR)

9. Full name of FATHER Ray E. Fielding
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley, Ida

18. Full maiden name of MOTHER Ethel Spelberg
19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race W 12. Age, at last birthday 29 (years)

20. Color or race W 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or country) Hooper, W. Va.

22. Birthplace (city or place) (State or country) Marion, Ida

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 4 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Cord around neck Before labor 3 days During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. J. Herbert M. D.

Give name added from a supplemental report _____ (DATE OF) _____

or Shelley, Ida Midwife

Address _____ Filed Oct. 31 1932 Marion, Idaho

Registrar.

Registrar.

RECEIVED

RECEIVED

RECEIVED

NOV

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bennett OCT 19 1932
City of Idaho Falls

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

206973

No. L. U. S. Hospital ¹ St.
(If born in hospital or institution
give name.)

Registration District No. 73 State File No. 7 **S**

Prim. Registration District No. 2119 Local Registrar's No. 336

FULL NAME OF CHILD Stillbirth (John Francis Partner)
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>m.</u>	Twin Triplet or other? <u> }</u> and <u> }</u>	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>9/15</u> 19 <u>32</u> (Month) (Day) (Year)
------------------------	--	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20.0/0

Number of child of this mother, including present birth. 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn yes - one

FATHER	MOTHER
FULL NAME <u>Francis Henry Partner</u>	FULL MAIDEN NAME <u>Grace Katherine O'Neill</u>
Residence (Usual place of abode) <u>Idaho Falls</u>	Residence (Usual place of abode) <u>Idaho Falls</u>

If non-resident, give place and State

Color or race white Age at last Birthday 25 (Years)

Birthplace Missouri (City and State, or County)

Occupation Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at Idaho Falls M.
on the date above stated.

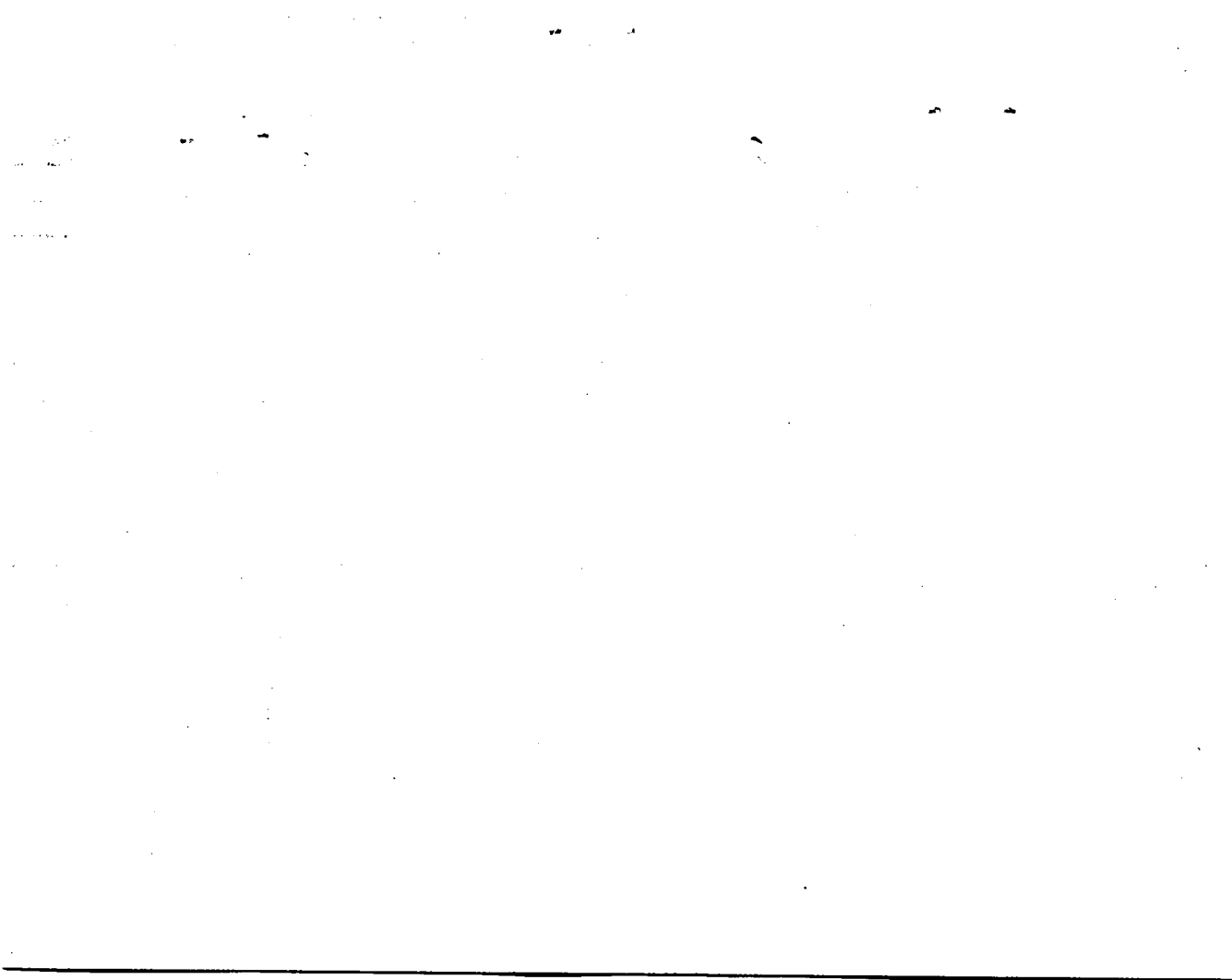
(Signature) [Signature]

(Physician or midwife)

Address Idaho Falls

Filed Oct 14 1932 [Signature]
Registrar

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A **MANDATORY** STATEMENT. Every item of information should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM **REGISTERED** 1932 **CERTIFICATE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Benewah Registration District No. 73
City of Idaho Falls Primary Registration District No. 2147
(No. 2147 St. Idaho Falls)

State File No. 80921
Local Registrar's No. 137

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Partner.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

Sept. 15 1932
(Month) (Day) (Year)

7. AGE

Still born IF LESS than 1 day how many
Yrs. Mos. ds. hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho Falls Ida

10. NAME OF FATHER

Francis Partner

11. BIRTHPLACE OF FATHER

(State or Country) Missouri

12. MAIDEN NAME OF MOTHER

Grace Katherine O'Neill

13. BIRTHPLACE OF MOTHER

(State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis Partner
(Address) Idaho Falls Ida

15. Filed Sept 14 1932 Idaho Falls
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 14 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19,
that I last saw him alive on 19,
and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Still born

(Duration) yrs. mos. ds.
Contributory (Secondary) Heart lesion Mother

(Duration) yrs. mos. ds.
(Signed) Ellis M. D.
19 (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ✓ yrs. ✓ mos. ✓ days. In the State ✓ yrs. ✓ mos. ✓ ds.
Where was disease contracted if not at place of death?

Former or usual residence Idaho Falls Ida.

19. PLACE OF BURIAL OR REMOVAL Idaho Falls Ida DATE OF BURIAL 9/15 1932

20. UNDERTAKER W. F. McFar ADDRESS Idaho Falls

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH.—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED NOV 8 1932

RECEIVED NOV 2 1932

1. PLACE OF BIRTH Germany
County of Canyon
City of Nampa
No. Box 351 St. Nampa
Registration District No. 7 State File No. 207059
(If born in hospital or institution give name.) Prim. Registration District No. 1006 Local Registrar's No. 2409

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Female</u>	4. Twin, triplet, or other <u>X</u>	5. Number, in order of birth <u>X</u>	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>3/12, 1931</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Otto C. Herman</u>	18. Full maiden name MOTHER <u>Florence Dieffenbach</u>				
10. Residence (usual place of abode) <u>Nampa</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Nampa</u> (If non-resident, give place and state)				
11. Color or race <u>W</u>	12. Age at last birthday <u>about 26</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>22</u> (years)		
13. Birthplace (city or place) (State or country) <u>Do not know</u>	22. Birthplace (city or place) (State or country) <u>Iowa</u>				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher of Music</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>✓</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>				
16. Date (month and year) last engaged in this work <u>19</u>	17. Total time (years) spent in this work <u>✓</u>	25. Date (month and year) last engaged in this work <u>19</u>	26. Total time (years) spent in this work <u>✓</u>		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living No (b) Born alive but now dead No (c) Stillborn Yes
28. If stillborn, period of gestation 8 { months } 29. Cause of stillbirth Thrombosis of cord Before labor Yes During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:00 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) C. E. Bellman M. D.
or _____
Address Nampa, Idaho
Filed Nov 4, 1932 Lyda Rodgers Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF) _____
Registrar.

UNIT NO. 100

UNIT NO. 100

UNIT NO. 100

UNIT NO. 100

UNIT NO. 100

UNIT NO. 100

UNIT NO. 100

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UNIT NO. 100

UNIT NO. 100

UNIT NO. 100

UNIT NO. 100

UNIT NO. 100

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DO NOT WRITE IN THIS SPACE
74472
State File No.

PLACE OF DEATH

County of Canyon
City of Tampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Mary Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 372. FULL NAME Infant of Mr. & Mrs. Otto K. Herman

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

3/12/31

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town). Tampa
(State or country)10. NAME OF FATHER Otto K. Herman11. BIRTHPLACE OF FATHER (city or town). Germany
(State or Country)12. MAIDEN NAME OF MOTHER Flora J. J. J.13. BIRTHPLACE OF MOTHER (city or town). Tampa
(State or Country)

14.

Informant
(Address)

15.

Filed 3-14, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar

(Month)

12

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3, 1931, to 3-12, 1931that I last saw him alive on 3-12, 1931and that death occurred, on the date stated above, at 3-12, 1931*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Heart failure

(duration) yrs. mos. ds.

CONTRIBUTORY Septicemia due to pneumonia

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted

if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) O. C. Beebe3-14, 1931 (Address) Tampa

19. Place of Burial, Cremation, or Removal

Kollerlaun Cem

20. Undertaker

F. H. Johnson

Address

Tampa

H.P.B.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Idaho
City of Burley
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 207079
CERTIFICATE OF BIRTH
S

Registration District No. 117 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2196 Local Registrar's No. 2196

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Boy</u>	4. Twin, triplet, or other <u>If plural births</u>	5. Number, in order of birth	6. Premature <u>Full term</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct 1</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
----------------------	---	------------------------------	----------------------------------	------------------------------	---

9. Full name FATHER
Les. Brown
10. Residence (usual place of abode)
(If non-resident, give place and State) Burley
11. Color or race W 12. Age at last birthday 26 (years)
13. Birthplace (city or place)
(State or country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work

18. Full maiden name MOTHER
Ma Hogg
19. Residence (usual place of abode)
(If non-resident, give place and state) Burley
20. Color or race W 21. Age at last birthday 26 (years)
22. Birthplace (city or place)
(State or country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1
28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth Infected placenta and umbilical cord
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 P. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) Hugh E. Dean M. D.
or _____ Midwife
Address Burley, Idaho
Filed Nov 8, 1932 H. A. Butler Registrar.
Give name added from a supplemental report _____
(DATE OF) _____
Registrar.

CONFIDENTIAL
TO BE KEPT SECRET

SECRET

1. The purpose of this document is to provide information regarding the activities of the [redacted] in the [redacted] area.

2. The [redacted] has been observed in the [redacted] area, and it is believed that it is engaged in [redacted] activities.

3. It is recommended that the [redacted] be kept under close surveillance, and that any further information regarding its activities be reported immediately.

4. The [redacted] is believed to be a member of the [redacted] organization, and it is believed that it is engaged in [redacted] activities.

5. It is recommended that the [redacted] be kept under close surveillance, and that any further information regarding its activities be reported immediately.

6. The [redacted] is believed to be a member of the [redacted] organization, and it is believed that it is engaged in [redacted] activities.

7. It is recommended that the [redacted] be kept under close surveillance, and that any further information regarding its activities be reported immediately.

8. The [redacted] is believed to be a member of the [redacted] organization, and it is believed that it is engaged in [redacted] activities.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80962

PLACE OF DEATH

County of CassiaCity of BurleyRegistration District No. 117Primary Registration District No. 2194Local Registrar's No. 359

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Lewis Brown(a) Residence No. La. Banner St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. ✓ yrs. — mos. — ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Oct. 1-19326. DATE OF BIRTH (month, day, year) Oct. 1-19327. AGE Still Born Years — Months — Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Burley Idaho
(State or country)10. NAME OF FATHER Leo Lewis Brown11. BIRTHPLACE OF FATHER (city or town) Provo
(State or Country) Utah12. MAIDEN NAME OF MOTHER Ma Hoog13. BIRTHPLACE OF MOTHER (city or town) Burley
(State or Country) Idaho14. Informant (Address) L. L. Brown Idaho
Burley15. Filed Oct 24 1932 H. E. Sutter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 31 1932
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept. 31 1932, to Sept. 31 1932that I last saw him alive on Sept. 31 1932and that death occurred, on the date stated above, at 7:00 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Sudden Uterine Asphyxia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Chemical(Signed) Hugh E. Dean, M. D.19. (Address) Burley19. Place of Burial, Cremation, or Removal Burley Idaho Date of Burial Sept. 31 193220. Undertaker D. E. Johnson Address Burley

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin);** "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

994-173-018-113
1. PLACE OF BIRTH RECEIVED NOV 5 1932

County of Clearwater
City of Proفس Idaho

No. Nelson Soap St.

(If born in hospital or institution give name.)

Registration District No. 90 State File No. 207095

Prim. Registration District No. 2157 Local Registrar's No. 96

2. FULL NAME OF CHILD Myron Martin Zimmerman

3. Sex male If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ 6. Premature no 7. Legitimate? yes 8. Date of birth 10-13-1932 (MONTH, DAY, YEAR)

9. Full name FATHER Myron Martin Zimmerman

10. Residence (usual place of abode) (If non-resident, give place and State) Dent Idaho

11. Color or race W. 12. Age at last birthday 49 (years)

13. Birthplace (city or place) (State or country) Indiana, Penn

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch

16. Date (month and year) last engaged in this work now 17. Total time (years) spent in this work all

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 9 mo { months or weeks } 29. Cause of stillbirth Probably a contracted fetus large filled with blood Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 11:30 a m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) A. P. Peterson, M. D.

or _____ Midwife

Give name added from a supplemental report _____

Address Proفس Idaho Filed Oct 31, 193 V. A. Shan

Registrar.

Registrar.

RECEIVED NOV 5 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

80971

State File No.

PLACE OF DEATH

County of ClearwaterCity of Prosser Idaho

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187

(No.)

Local Registrar's No. 68

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myron Martin Zimmerman Born Dead 206

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)✓5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. orBorn Dead

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work ✓(b) General nature of industry,
business, or establishment in
which employed (or employer) ✓(c) Name of employer ✓9. BIRTHPLACE (city or town)
(State or country)Prosser Idaho
Nelson Hoco

10. NAME OF FATHER

Myron Martin Zimmerman11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Prosser
Pennsylvania

12. MAIDEN NAME OF MOTHER

Bessie C Jackson13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Prosser
Idaho

14.

Informant
(Address)Mrs Zimmerman
Prosser Idaho

15.

Filed

10/14

19.....

W.A. Shan

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

10 -12 -32

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....
Born Deadthat I last saw h. ✓ alive on 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Born Dead 11:30 am
Limbs filled with blood
Probably dead about 36 hours

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? ✓ Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? ✓(Signed) W.A. Shan M. D.10-12-, 1932 (Address) Prosser Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Chowchilla IdaOct 14 1932

20. Undertaker

Address

Prosser MortuaryProsser Idaho

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

1. PLACE OF BIRTH

County of Idaho
 City of Emmett
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

207171

Registration District No. 6 State File No. S

(If born in hospital or institution
 give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

No name Still born Hyde

3. Sex F If plural } 4. Twin, triplet, or other _____
 births } 5. Number, in order of birth _____
 6. Premature _____ Full term _____
 7. Legitimate _____ Date of birth 10-9- 1932
 (MONTH, DAY, YEAR)

FATHER		MOTHER	
9. Full name	<u>Fred Hyde</u>	18. Full maiden name	<u>Martha Allie Dillard</u>
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Emmett Ida</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>Emmett Ida</u>
11. Color or race <u>W</u>	12. Age at last birthday <u>45</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>42</u> (years)
13. Birthplace (city or place) (State or country)	<u>North Carolina</u>	22. Birthplace (city or place) (State or country)	<u>North Carolina</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Common labor</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>House wife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	19		19

27. Number of children of this mother 6
 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1
 28. If stillborn, about 8 mo months period of gestation or weeks 29. Cause of stillbirth do not know
 Before labor Yes During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead at 4 P m. on the date above stated.
 (BORN ALIVE OR STILLBORN)
 { When there was no attending physician }
 { or midwife, then the father, householder, }
 { etc., should make this return. }
 Give name added from _____
 a supplemental report _____ (DATE OF)

 Registrar.

(Signed) J. H. Reynolds, M. D.
 or _____, Midwife
 Address Emmett Ida
10-9- 1932 J. H. Reynolds
 Filed _____ Registrar.

[illegible]

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10-10-68

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THE UNIVERSITY OF CHICAGO

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Kindrick
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 207246
CERTIFICATE OF BIRTH **S**

Registration District No. 63 State File No. _____
Prim. Registration District No. 2143 Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Kathryn Hall Fullborn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct. 17, 1932
5. Number, in order of birth _____ Full term _____ mate? _____ (MONTH, DAY, YEAR)

9. Full name FATHER Albert Lawrence Kykendall 18. Full maiden name MOTHER Lillian Fowler
10. Residence (usual place of abode) (If non-resident, give place and State) Kindrick 19. Residence (usual place of abode) (If non-resident, give place and State) Kindrick
11. Color or race W 12. Age at last birthday 37 (years) 20. Color or race W 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or country) Meridian, Idaho 22. Birthplace (city or place) (State or country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 2
28. If stillborn, period of gestation 7 { months or weeks } 29. Cause of stillbirth unborn { Before labor yes During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:25 P.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) D. A. Christensen M. D.

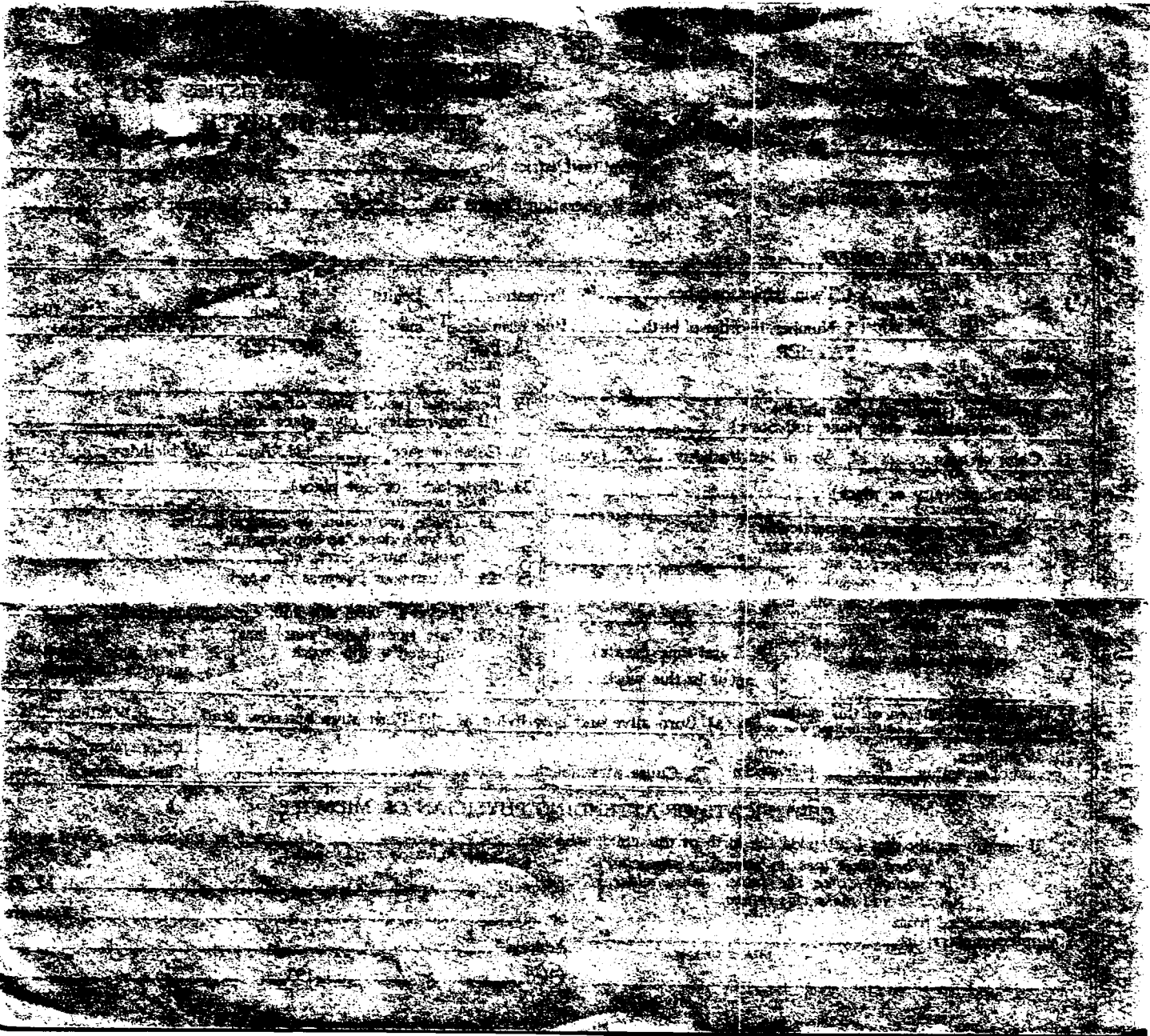
or _____ Midwife
Address Kindrick, Idaho

Filed Oct 19, 1932 J. A. Neale

Give name added from a supplemental report _____
(DATE OF) _____

Registrar.

Registrar.



RECEIVED NOV 3 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81029

State File No.

PLACE OF DEATH

County of Latah
City of Kendrick

Registration District No. 63

Primary Registration District No. 2143

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Hughendall

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 17, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kendrick, Idaho
(State or country)

10. NAME OF FATHER Elbert L. Hughendall

11. BIRTHPLACE OF FATHER (city or town) Neper, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Esther L. Fowler

13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or Country)

14. Informant E. L. Hughendall
(Address) Kendrick

15. Filed Oct 17, 1932 B. G. Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 17 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn
Cause unknown

.....(duration).....yrs.mos.ds.

CONTRIBUTORY (Secondary)

.....(duration).....yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) D. Christensen, M. D.
Oct 17, 1932 (Address) Kendrick, Idaho

19. Place of Burial, Cremation, or Removal Kendrick Date of Burial Oct 17, 1932

20. Undertaker Wool Address —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin
City of Malad
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

807348
S

(If born in hospital or institution
give name.)

Registration District No. 26 State File No. _____

Prim. Registration District No. 2069 Local Registrar's No. 96

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? _____	{ and }	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of birth <u>Sept 20</u> 19 <u>32</u> (Month) (Day) (Year)
--------------------------	------------------------------------	---------	---	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead _____ Stillborn yes

FATHER FULL NAME <u>Alf Anderson</u>	MOTHER FULL MAIDEN NAME <u>Eva Jackson</u>
---	---

Residence (Usual place of abode) Malad, Ida

If non-resident, give place and date _____

Color or race white Age at last Birthday 38 (Years)

Birthplace Chicago (City and State or County)

Occupation Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 5 a M.
on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address Malad

Filed 9/30 1932 J. M. Kerns
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

349-122032-44

1. PLACE OF BIRTH

County of Owyhee

City of Bruneau

No. _____ St. _____

(If born in hospital or institution give name.)

RECEIVED NOV 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
207351

Registration District No. 74 State File No. _____

Prim. Registration District No. 2151 Local Registrar's No. 210

2. FULL NAME OF CHILD Stillbirth Turmes

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Oct. 2</u> , 1932 (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	RECEIVED		

9. Full name FATHER
Charles H. Turmes

10. Residence (usual place of abode)
(If non-resident, give place and State) Bruneau

11. Color or race W 12. Age at last birthday 49 (years)

13. Birthplace (city or place) Grand View, Idaho
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm

16. Date (month and year) last engaged in this work now working, 19____

17. Total time (years) spent in this work 20

18. Full maiden name MOTHER
Bernice Dawson

19. Residence (usual place of abode)
(If non-resident, give place and State) Bruneau

20. Color or race W 21. Age at last birthday 44 (years)

22. Birthplace (city or place) Fairfield, Neb.
(State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, 7 months period of gestation { or weeks } 29. Cause of stillbirth cause not known Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE A.M.

I hereby certify that I attended the birth of this child, who was stillborn at 9:30 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Wm. J. Ekinbeck, M. D.

Give name added from a supplemental report _____

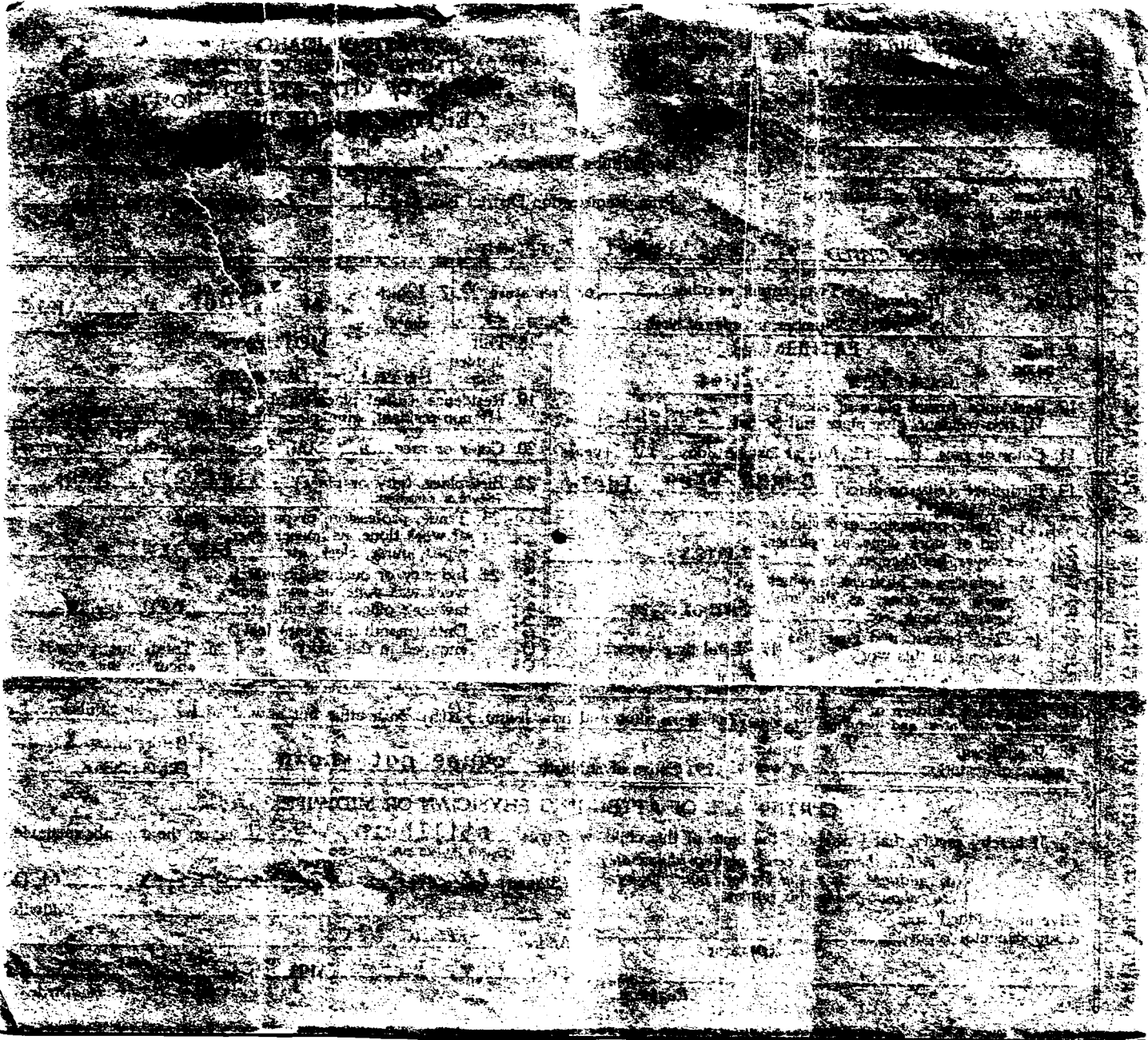
or _____, Midwife

Address Grand View

Filed Nov. 1, 1932 Wm. J. Ekinbeck

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Owyhee</u>		CERTIFICATE OF DEATH		81066	
City of <u>Bruneau</u>		Registration District No. <u>74</u>		State File No.	
		Primary Registration District No. <u>2151</u>		Local Registrar's No. <u>79</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillbirth Turmes</u>					
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 2, 1932</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Bruneau, Idaho</u> (State or country)					
MOTHER FATHER					
13. NAME <u>Charles H. Turmes</u>					
14. BIRTHPLACE (city or town) <u>Grand View Idaho</u> (State or country)					
15. MAIDEN NAME <u>Bernice Dawson</u>					
16. BIRTHPLACE (city or town) <u>Fairfield Nebraska</u> (State or country)					
17. INFORMANT <u>Charles H. Turmes</u> (Address) <u>Bruneau, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bruneau, Idaho</u> Date <u>Oct. 2, 1932</u>					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>Nov. 1, 1932</u> <u>W. F. Eckenbech</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 2, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1932, to I last saw h. alive on to have occurred on the date stated above, at <u>9:30 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Seven months stillbirth mother has had twelve children in twelve years.</u> Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W. F. Eckenbech</u> , M.D. (Address) <u>Grand View</u>					

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

335-216-278-415 RECEIVED NOV 9 1932

1. PLACE OF BIRTH
County of Payette
City of Payette
No. Brown Hospital St.
(If born in hospital or institution give name.)
Registration District No. 4 State File No. 207364
Prim. Registration District No. 1008 Local Registrar's No. 98

2. FULL NAME OF CHILD Stillborn Clelland

3. Sex <u>Female</u>	4. Twin, triplet, or other <u>births</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct. 16, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Charles I. Clelland</u> FATHER			18. Full maiden name <u>Mildred C. E. Davis</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Payette</u>		
11. Color or race <u>W</u>			20. Color or race <u>W</u>		
12. Age at last birthday <u>27</u> (years)			21. Age at last birthday <u>19</u> (years)		
13. Birthplace (city or place) (State or country) <u>Greely Colorado</u>			22. Birthplace (city or place) (State or country) <u>Testa Colorado</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 7 months some weeks

29. Cause of stillbirth heavy labor
Before labor yes
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

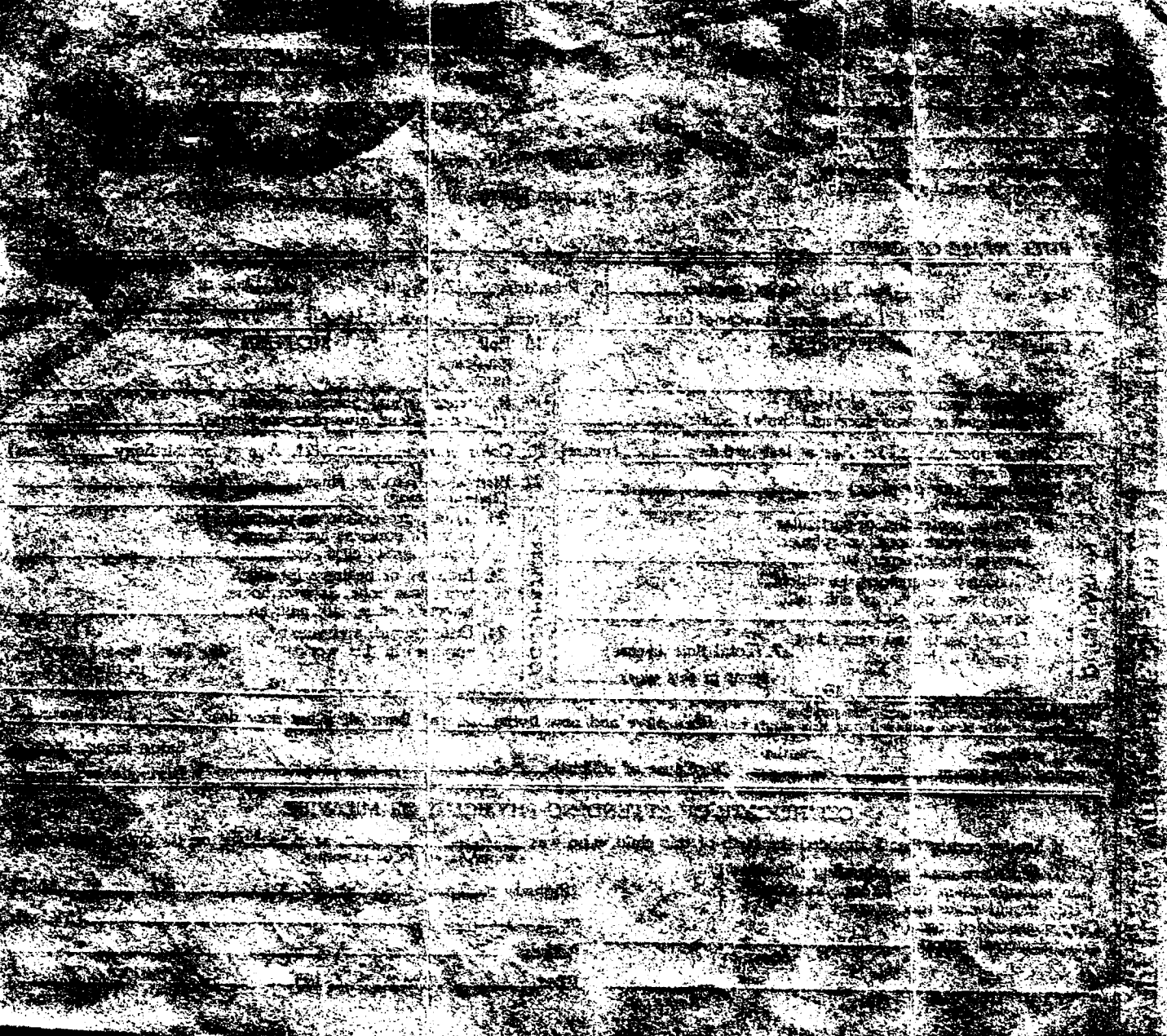
I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 P.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. }

(Signed) C. C. Paxton, M. D.
or _____, Midwife

Give name added from _____
a supplemental report _____ (DATE OF)

Address Frontland
Filed Oct 31, 1932 1932 J. B. Woodward
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 81068	
County of <u>Payette</u>		Registration District No. <u>4</u>		Local Registrar's No. <u>43</u>	
City of <u>Payette</u>		Primary Registration District No. <u>1008</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn Clelland</u>		206			
(a) Residence. No. St.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>w</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (city or town) <u>Payette</u> (State or country) <u>Idaho</u>				
MOTHER FATHER	13. NAME <u>Charles J. Clelland</u>				
	14. BIRTHPLACE (city or town) <u>Breda</u> (State or country) <u>Colorado</u>				
	15. MAIDEN NAME <u>Mildred E. Davis</u>				
	16. BIRTHPLACE (city or town) <u>Testa</u> (State or country) <u>Colorado</u>				
17. INFORMANT <u>Charles J. Clelland</u> (Address) <u>Payette Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place Date, 193 ..					
19. UNDERTAKER (Address)					
20. FILED <u>Oct 30</u> , 193 <u>280 Woodward</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 16</u> , 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 193, to, 193					
I last saw h..... alive on, 193, death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					Date of onset
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>C. C. Paxton</u> , M. D.					
(Address) <u>Fruitland Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED NOV 9 1932

County of Thompson
City of Mullan
No. 224 Boulder St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 207385

Registration District No. 70 State File No. _____
Prim. Registration District No. 111 Local Registrar's No. 96

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Unamed Still Born

3. Sex Girl If plural births { 4. Twin, triplet, or other _____ 6. Premature No 7. Legitimate? yes 8. Date of birth Oct 4, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Harold Edward Scribner

18. Full maiden name MOTHER Fern Lake Decker

10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Id

19. Residence (usual place of abode) (If non-resident, give place and state) Mullan Id

11. Color or race W 12. Age at last birthday 20 (years)

20. Color or race W 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Spokane Id (State or country)

22. Birthplace (city or place) Mullan Id (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work May, 1932

25. Date (month and year) last engaged in this work Oct, 1932

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 8 1/2 months or weeks { 29. Cause of stillbirth ? { Before labor yes During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:20 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

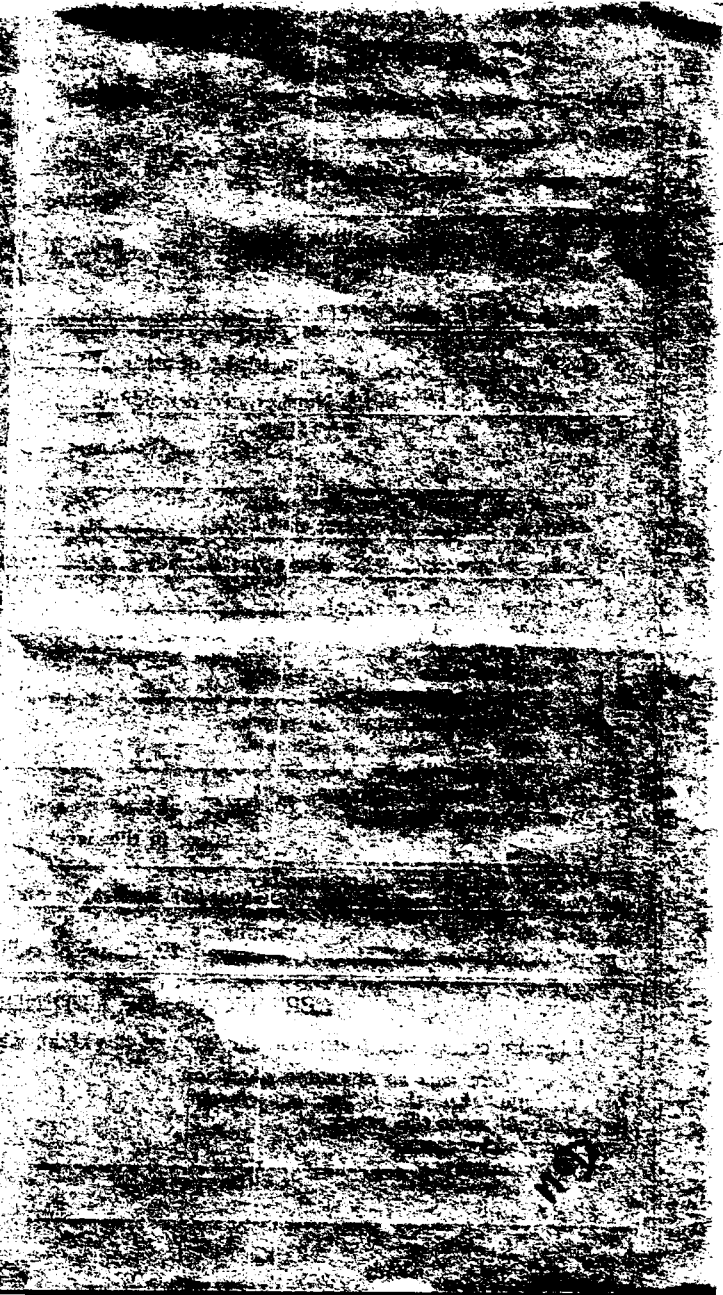
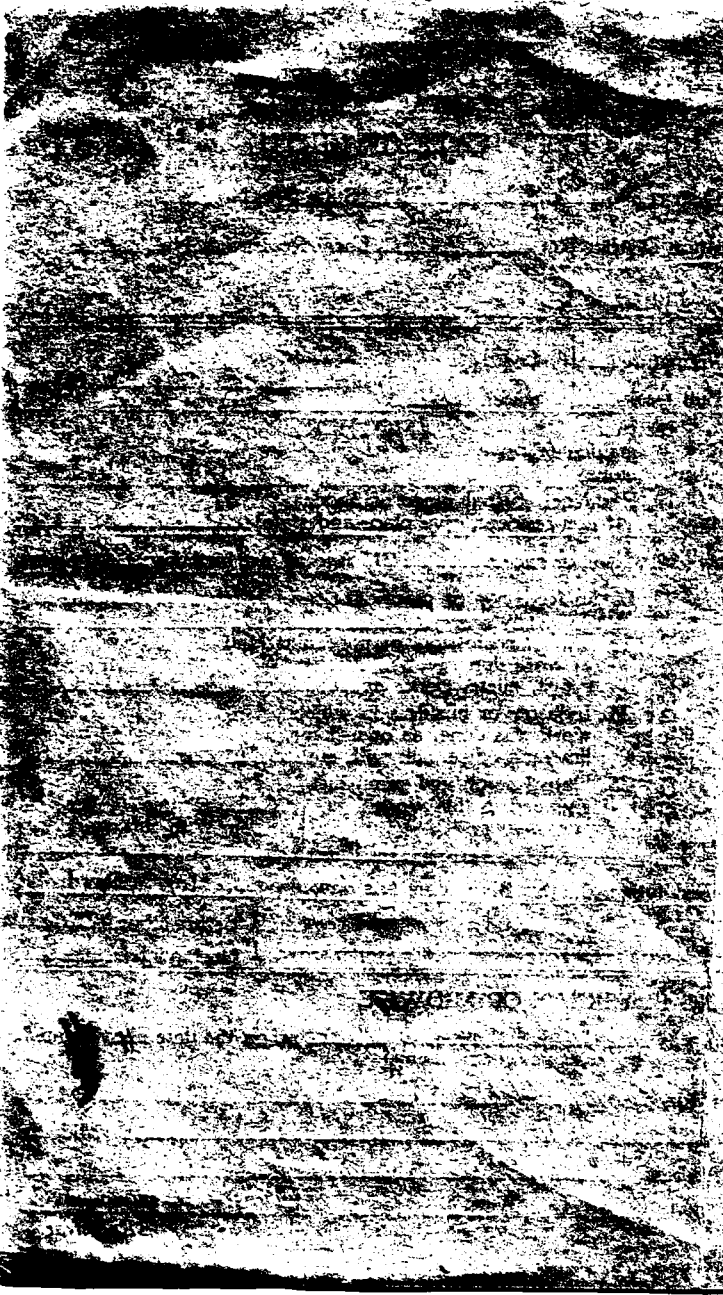
(Signed) H. W. Ralph, M. D.

or _____, Midwife

Address Mullan Id

Filed Nov 7, 1932 C. S. S. S.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

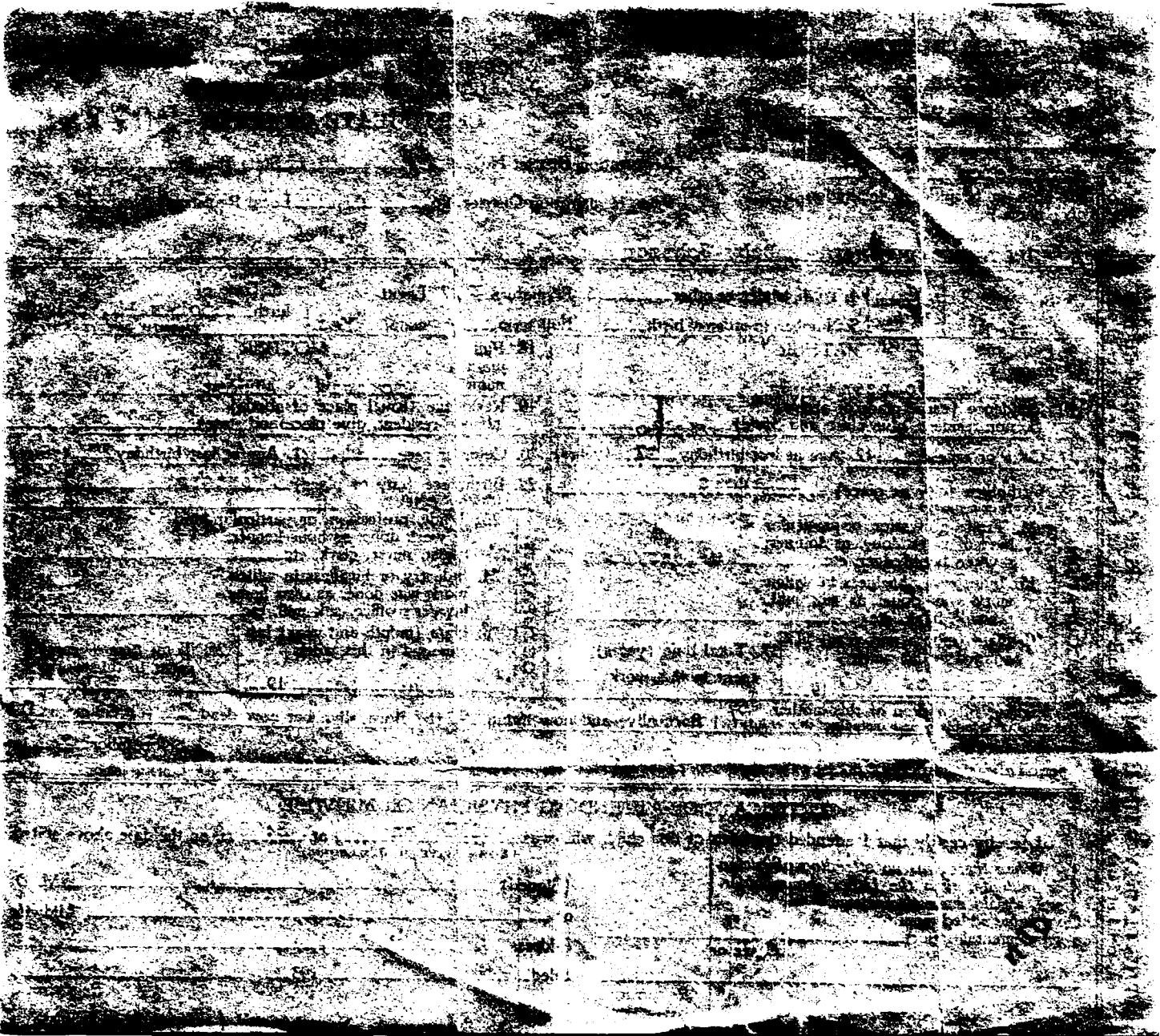
1. PLACE OF BIRTH County of <u>Shoshone</u> City of <u>Kellogg</u> No. _____ St. _____ <u>Providence Hospital</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 207386 Registration District No. <u>90</u> State File No. _____ Prim. Registration District No. <u>1011</u> Local Registrar's No. <u>98</u>	
2. FULL NAME OF CHILD <u>Baby Johnson</u>			
3. Sex <u>Girl</u>	If plural births {	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>X</u> Full term _____
7. Legiti- mate? <u>Yes</u>		8. Date of birth <u>October 13, 1932</u> (MONTH, DAY, YEAR)	
9. Full name <u>Ben Johnson</u> FATHER		18. Full maiden name <u>Victoria Albert</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Kellogg</u>	
11. Color or race <u>Am.</u>		20. Color or race <u>Am.</u>	
12. Age at last birthday <u>27</u> (years)		21. Age at last birthday <u>33</u> (years)	
13. Birthplace (city or place) (State or country) <u>Illinois</u>		22. Birthplace (city or place) (State or country) <u>Montana</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Delivery man</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>Present</u>		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____, 19____		26. Total time (years) spent in this work _____, 19____	
27. Number of children of this mother <u>6</u> (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
28. If stillborn, period of gestation <u>8 MOS.</u> { months or weeks		29. Cause of stillbirth <u>Chronic Nephritis</u> { Before labor <u>X</u> During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:00 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
Give name added from a supplemental report _____
(DATE OF) _____

(Signed) M. C. Lindsay, M. D.
or _____, Midwife
Address Kellogg, Idaho
Filed Nov 9 1932 C. S. Stone
Registrar. Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

263-105-041-659
1. PLACE OF BIRTH RECEIVED NOV 14 1932
County of Lincoln
City of Lincoln, Nebraska
No. Lincoln Co
Genl. Hosp.
(If born in hospital or institution give name.)
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 207458
CERTIFICATE OF BIRTH
Registration District No. 37 State File No. S
Prim. Registration District No. 382 Local Registrar's No. 382
2. FULL NAME OF CHILD Lawrence E. Rockwitz
3. Sex Male If plural births 1 4. Twin, triplet, or other 1 6. Premature 1 7. Legitimate? Yes 8. Date of birth Oct. 5, 1932
(MONTH, DAY, YEAR)
9. Full name FATHER Arthur S. Rockwitz 18. Full maiden name MOTHER Helen Weinberger
10. Residence (usual place of abode) Lincoln, Nebraska 19. Residence (usual place of abode) Colorado
(If non-resident, give place and State) (If non-resident, give place and state)
11. Color or race W. 12. Age at last birthday 39 (years) 20. Color or race W. 21. Age at last birthday 39 (years)
13. Birthplace (city or place) Ohio 22. Birthplace (city or place) Colorado
(State or country) (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Mgr. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. 10
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. present 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 10
16. Date (month and year) last engaged in this work present, 1932 25. Date (month and year) last engaged in this work 19
17. Total time (years) spent in this work 19 26. Total time (years) spent in this work 19
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Pre-natal death
Before labor During labor
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 10 45 m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) John R. Crawford, M. D.
or _____, Midwife
Address Lincoln, Nebraska
Filed October 24, 1932 E. C. Hall
Registrar. Registrar.

(also has copy with sup. cert. in)

SECRET

100-443887-100

2000-01-24 10:10:10

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N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 81090	
PLACE OF DEATH County of <u>Twin Falls</u> City of <u>Twin Falls</u>		State File No.	
CERTIFICATE OF DEATH		Registration District No. Primary Registration District No. Local Registrar's No. <u>190</u>	
(No. <u>Twin Falls County Gen. Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Lawrence E. Boskwitz,</u>			
(a) Residence. No. <u>155 -- 9th Ave, East</u> St. (Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>2222</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Oct. 5th. 1932</u>			
7. AGE <u>0</u> Years	<u>0</u> Months	<u>0</u> Days	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Twin Falls, Ida.</u> (State or country)			
MOTHER	13. NAME <u>Arthur S. Boskwitz</u>		
	14. BIRTHPLACE (city or town) <u>Ohio.</u> (State or country)		
	15. MAIDEN NAME <u>Helzen Weinberger,</u>		
16. BIRTHPLACE (city or town) <u>Colo</u> (State or country)			
17. INFORMANT <u>A. S. Boskwitz</u> (Address) <u>153--9th Ave, East</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Twin Falls</u> Date <u>Oct. 9th 1932</u>			
19. UNDERTAKER <u>S.C. Phillips</u> (Address) <u>Twin Falls, Ida.</u>			
20. FILED <u>10/8</u> , 193 <u>2</u> <u>George C. Valley</u> Registrar <u>Act</u>			
21. DATE OF DEATH (month, day, and year) <u>Oct 5th. 1932</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 5th</u> , 193 <u>2</u> to <u>Oct 5th</u> , 193 <u>2</u> . I last saw him alive on <u>Sept 29th</u> , 193 <u>2</u> : death is said to have occurred on the date stated above, at <u>8 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Premature detachment of placenta 3 days prior to delivery</u>	
Name of operation		Date of	
What test confirmed diagnosis?		Was there an autopsy?	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?			
Date of injury, 193			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify			
(Signed) <u>John R. Haugellin</u>		M. D.	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED NOV 16 1932

County of Kootenai
City of Culdesac Idaho

No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 128 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Stillborn

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 10-28-1932
(MONTH, DAY, YEAR)

9. Full name FATHER Ellis Clark Gibbs 18. Full maiden name MOTHER Goldie Erith Smith

10. Residence (usual place of abode) Culdesac Idaho 19. Residence (usual place of abode) Culdesac Idaho
(If non-resident, give place and State)

11. Color or race White 20. Color or race White 21. Age at last birthday 34 (years) 22. Age at last birthday 28 (years)

13. Birthplace (city or place) Des Moines Washington 22. Birthplace (city or place) Walla Walla Washington
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 10-28-32 17. Total time (years) spent in this work 16 19. _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 7 months 29. Cause of stillbirth Abnormalities Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:00 AM. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

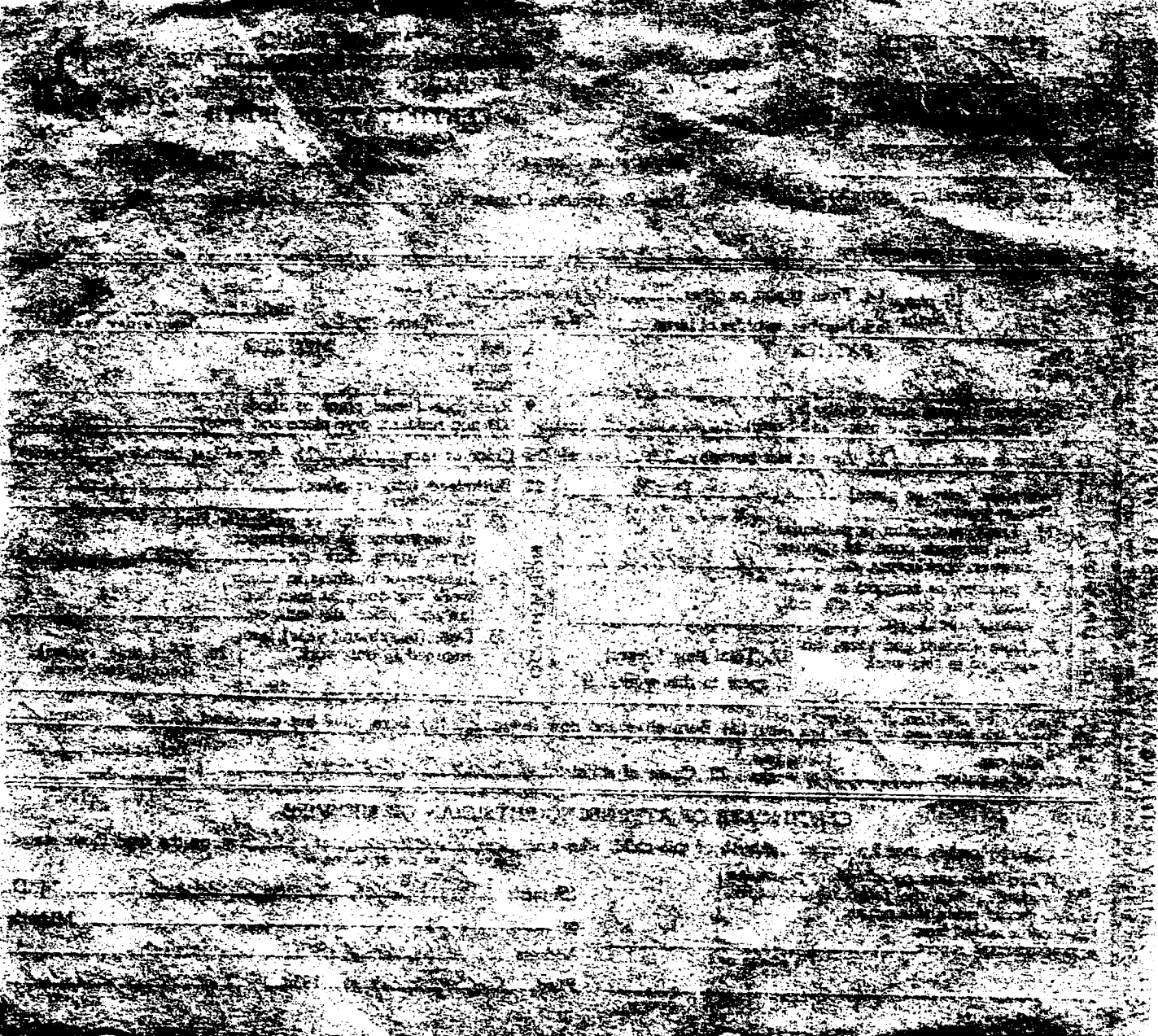
Registrar.

(Signed) George Gaignard M. D.

or _____ Midwife

Address Culdesac Idaho

Filed October 1932 George Gaignard Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		81050	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		State File No.	
County of <u>Key Perce</u>		City of <u>Caldesac Idaho</u>		Registration District No. <u>128</u>	
Primary Registration District No.		Local Registrar's No.			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn</u>					
(a) Residence. No. St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>-</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>-</u>					
6. DATE OF BIRTH (month, day, and year) <u>10-28-32</u>					
7. AGE Years <u>-</u>		Months <u>-</u>		Days <u>-</u>	
If LESS than 1 day, hrs. or min. <u>-</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>-</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>					
10. Date deceased last worked at this occupation (month and year) <u>-</u>					
11. Total time (years) spent in this occupation <u>-</u>					
12. BIRTHPLACE (city or town) <u>Caldesac Idaho</u>					
MOTHER FATHER					
13. NAME <u>Ellis Clark Gibbs</u>					
14. BIRTHPLACE (city or town) <u>Peaks Washington</u>					
15. MAIDEN NAME <u>Goldie Erith Smith</u>					
16. BIRTHPLACE (city or town) <u>Walla Walla Washington</u>					
17. INFORMANT <u>Ellis Clark Gibbs</u>					
(Address) <u>Caldesac Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>-</u> Date <u>10-28, 1932</u>					
19. UNDERTAKER <u>Family</u>					
(Address) <u>-</u>					
20. FILED <u>October, 1932</u> <u>George Guinnard</u>					
Registrar <u>-</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-28-1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-28-</u> , 193 <u>2</u> , to <u>-</u> , 193 <u>-</u>					
I last saw h..... alive on <u>-</u> , 193 <u>-</u> : death is said to have occurred on the date stated above, at <u>-</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193 <u>-</u>					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify.....					
(Signed) <u>George Guinnard</u> M. D.					
(Address) <u>Caldesac Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of AdaCity of BoiseNo. Bo 2553 St.(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 2 State File No. SPrim. Registration District No. 1004 Local Registrar's No. 557Still Birth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>Nov 17</u> 19 <u>32</u> (Month) (Day) (Year)
-----------------------	-----------------------------------	-----------------------------------	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4 (a) Born alive and now living 2Born alive but now dead none Stillborn 2

FULL NAME <u>John T. Swift</u>	FATHER	FULL MAIDEN NAME <u>Helen Gard</u>	MOTHER
--------------------------------	--------	------------------------------------	--------

Residence (Usual place of abode) Boise IdahoIf non-resident, give place and State Bo 2553Color or race white Age at last Birthday 37 (Years)Birthplace Denver Colo (City and State or County)Occupation Artist

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M.
on the date above stated.

(Signature) O. Z. Swindell

(Physician or midwife)

Address 513 Eastman Bldg Boise IdahoFiled 11-21-1932 W. H. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Ida</i>	CERTIFICATE OF DEATH		State File No. <i>81170</i>	
City of	<i>Boise</i>	Registration District No.	<i>2</i>	Local Registrar's No.	<i>396</i>
		Primary Registration District No.	<i>1004</i>		
		(No. <i>St. Alphonsus Hospital</i>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>James Michael Swift</i>					
(a) Residence No. <i>206</i> St. <i>206</i>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
<i>Male</i>	<i>White</i>	<i>Single</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <i>November 16, 1932</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Steel Borer</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
					11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <i>Boise, Ida</i>					
MOTHER FATHER	13. NAME <i>John T. Swift</i>				
	14. BIRTHPLACE (city or town) (State or country) <i>Dubuque, Cal</i>				
	15. MAIDEN NAME <i>Helen Gard</i>				
	16. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>				
17. INFORMANT (Address) <i>John T. Swift</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Boise</i> Date <i>11-17, 1932</i>					
19. UNDERTAKER (Address) <i>Boise, Idaho</i>					
20. FILED <i>11-17, 1932</i> <i>W. H. Rhodes</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Nov 16, 1932</i>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw him alive on _____, 193____; death is said to have occurred on the date stated above, at <i>5 p.m.</i>					
The medical cause of death and related causes of importance were as follows:					
<i>Steel borer</i>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <i>Physical Exam</i> Was there an autopsy? <i>no</i>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <i>O. J. Swendell</i> M. D.					
(Address) <i>513 Eastman Bldg Boise, Idaho</i>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH		RECEIVED DEC 15 1937		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE			
City of <u>Lava Hot Springs</u>		BUREAU OF VITAL STATISTICS		207572	
CERTIFICATE OF BIRTH				S	
No. St.		Registration District No. <u>84</u>		State File No.	
(If born in hospital or institution give name.)		Registration District No. <u>2161</u>		Local Registrar's No. <u>1095</u>	
FULL NAME OF CHILD <u>Shilborth</u>					
(If stillborn, substitute the word "Stillbirth" for name of child)					
Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of birth
<u>Male</u>				<u>Yes</u>	<u>Nov 11 1937</u> (Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
Number of child of this mother, including present birth <u>3</u> (a) Born alive and now living <u>2</u>					
Born alive but now dead <u>0</u> Stillborn <u>1</u>					
FATHER			MOTHER		
FULL NAME <u>Harold Thompson Keymer</u>			FULL MAIDEN NAME <u>Thelma Cloward</u>		
Residence (Usual place of abode) <u>Lava Hot Springs</u>			Residence (Usual place of abode) <u>Lava Hot Springs</u>		
If nonresident, give place and State			If nonresident, give place and State		
Color or race <u>White</u> Age at last Birthday <u>25</u> (Years)			Color or race <u>White</u> Age at last Birthday <u>23</u> (Years)		
Birthplace <u>Perburn Ida</u> (City and State or Country)			Birthplace <u>Barroville Utah</u> (City and State or Country)		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

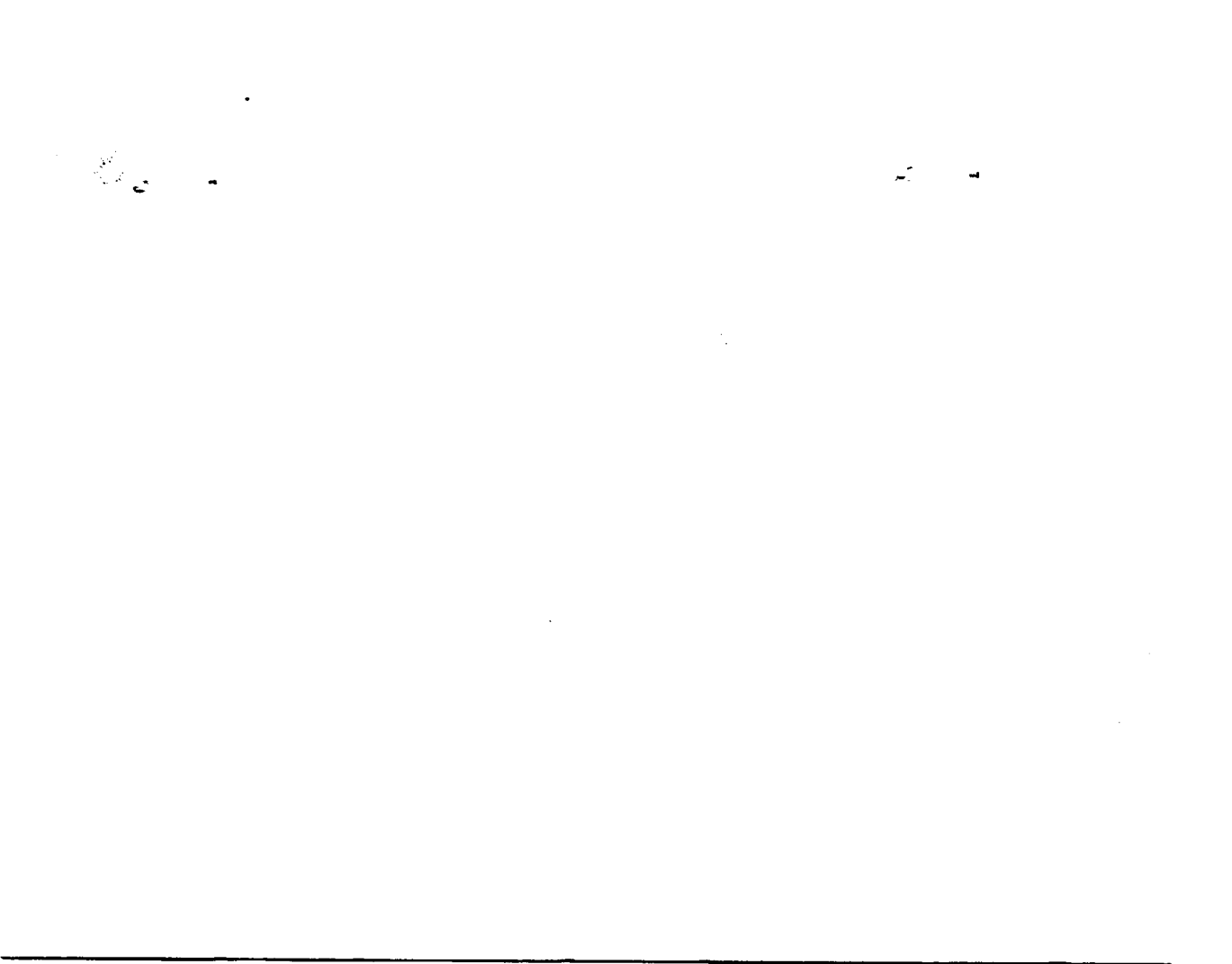
I hereby certify that I attended the birth of this child, who was Born alive at 11:40 M. on the date above stated. Stillborn

(Signature) C. J. Rich

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Lava Hot Springs Ida
Filed Dec 8 1937 Mrs. C. J. Rich
Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81595

State File No.

Local Registrar's No. 276

206

PLACE OF DEATH

County of BannockCity of Lava Hot SpringsRegistration District No. 84Primary Registration District No. 2161

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stulbulth

(a) Residence, No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lava Hot Springs
(State or country) Idaho10. NAME OF FATHER Harold Thompson Kenner11. BIRTHPLACE OF FATHER (city or town) Keyburn
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Thelma Cloward13. BIRTHPLACE OF MOTHER (city or town) Burrville
(State or Country) Utah

PARENTS

14. Informant Copy from birth certificate
(Address)15. Filed Dec 8, 1932Mrs. J. J. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 11, 1932

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

on Nov 11, 1932 to Nov 11, 1932that I last saw him alive on Nov 11, 1932and that death occurred, on the date stated above, at 11:40 A.M.The CAUSE OF DEATH* was as follows: Unknown

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary) None known

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. A. Ryck, M.D.11-11-32 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Don't knowDate of Burial Don't know20. Undertaker None I believe

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock
City of Pocatello
No. 101 South Johnson St.

General Hospital
(If born in hospital or institution
give name.)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 207573

Registration District No. 28 State File No. _____

Prim. Registration District No. 216 Local Registrar's No. 228

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and <u> </u>	Number in order of birth <u> </u>	Legiti- mate? <u>Yes</u>	Date of birth <u>October 12</u> 19 <u>32</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Argylol

Number of child of this mother, including present birth. Two (a) Born alive and now living. None

Born alive but now dead. None Stillborn Two

FATHER FULL NAME <u>John Wesley Wagner</u>	MOTHER FULL MAIDEN NAME <u>Doris Elthora Dunn</u>
---	--

Residence (Usual place of abode) 322 South Lincoln

If non-resident, give place and State _____

Color or race White Age at last Birthday 36 (Years)

Birthplace Cedar Rapids, Iowa (City and State or County)

Occupation Secy. Supt. Utah Division

Color or race White Age at last Birthday 32 (Years)

Birthplace Blackfoot, Idaho (City and State or County)

Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M.
on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address _____

Filed Dec 3 1932

Registrar [Signature]

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED JUL 17 1944
U.S. DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D. C.
RECEIVED JUL 17 1944
U.S. DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D. C.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 07-17-2002 BY 60322 UCBAW/STP

U.S. DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D. C.
RECEIVED JUL 17 1944
U.S. DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D. C.

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DIVISION OF INVESTIGATION
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DIVISION OF INVESTIGATION
WASHINGTON, D. C.
RECEIVED JUL 17 1944
U.S. DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D. C.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

PLACE OF DEATH

County of BannockCity of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 80872Local Registrar's No. 4032. FULL NAME Infant Wagner

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct. 12 1932

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Pocatello
(State or country)

MOTHER FATHER

13. NAME John W. Wagner14. BIRTHPLACE (city or town) Blackfoot Id
(State or country)15. MAIDEN NAME Doris Dunning16. BIRTHPLACE (city or town) Pocatello
(State or country)17. INFORMANT John W. Wagner
(Address) Pocatello Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Idaho Date Oct. 12, 193219. UNDERTAKER MacHan Undertaking Co.
(Address) Pocatello Idaho20. FILED Oct 12, 1932Registrar. S C Ray

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/12/1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct 12, 1932, to 10/12, 1932I last saw her alive on 10/12, 1932; death is saidto have occurred on the date stated above, at X m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

St. Elbow

Other contributory causes of importance:

Pneumonia
Septicemia
PlacentaName of operation 210 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) S C Ray(Address) 10/12

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boise
City of Boise
No. St. Anthony St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

207603

Registration District No. 28 State File No. S

Prim. Registration District No. 2161 Local Registrar's No. 1107

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Nov 27, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER James Mason 18. Full maiden name MOTHER Nellie Mason

10. Residence (usual place of abode) (If non-resident, give place and State) 325 E. Fremont 19. Residence (usual place of abode) (If non-resident, give place and State) same

11. Color or race caucasian 12. Age at last birthday 26 (years) 20. Color or race caucasian 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or country) Okmulgee 22. Birthplace (city or place) (State or country) Florida

OCCUPATION	FATHER	OCCUPATION	MOTHER
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>HW</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, { months { Before labor
period of gestation { or weeks { During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at Boise m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) D. C. Ray, M. D.

or _____ Midwife

Address Boise

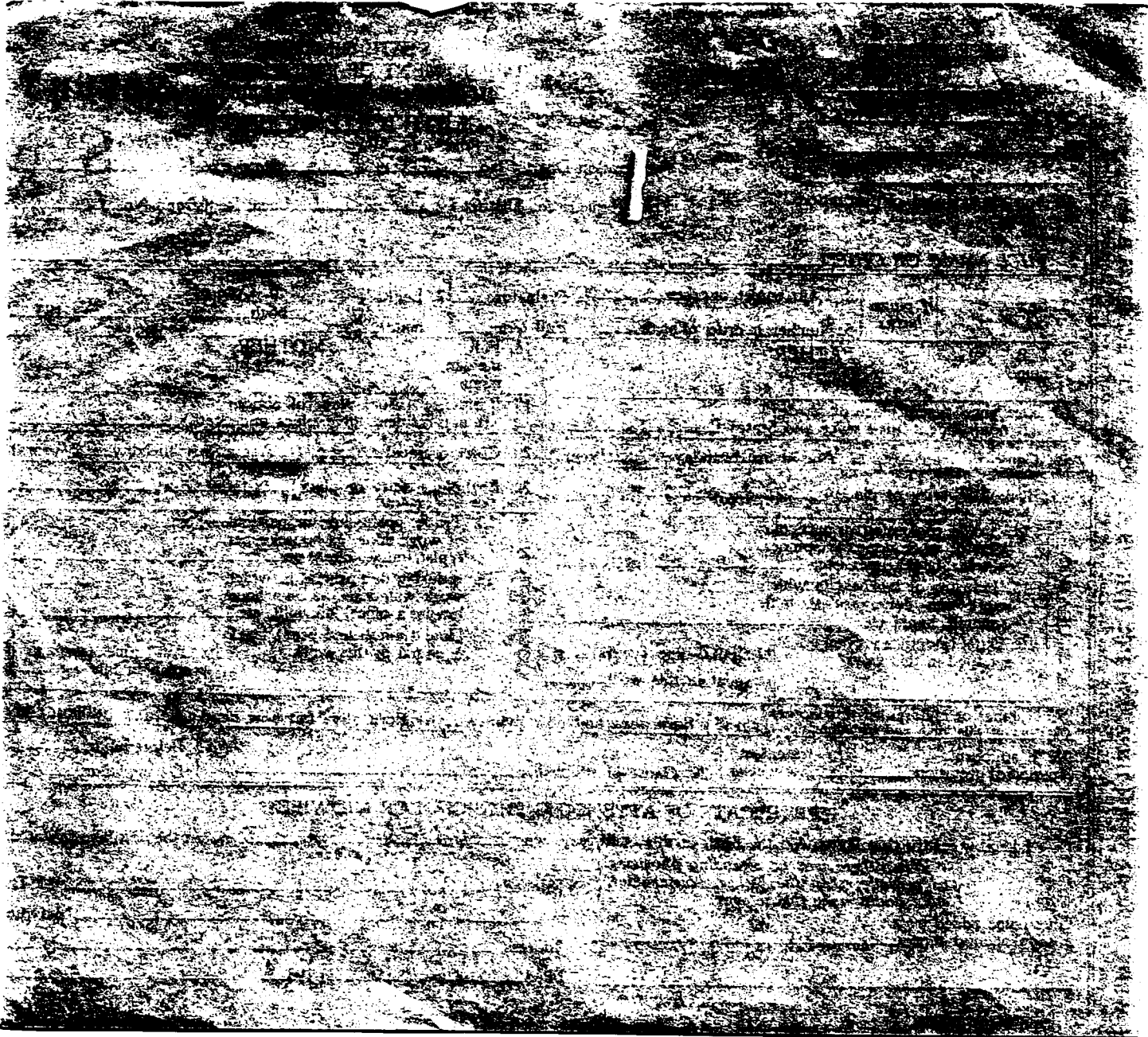
Filed Dec 2, 1932

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		81187	
PLACE OF DEATH		COUNTY OF <u>Banner</u>		State File No.	
City of <u>Pocatello</u>		Registration District No.		Local Registrar's No. <u>441</u>	
Primary Registration District No. <u>2161</u>		(No. <u>St. Anthony's Hosp.</u>)		206	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Mason</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Caucasian</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Nov 27, 1932</u>					
7. AGE Years Months Days If LESS than 1 day hrs. min. <u>Stillborn</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>					
13. NAME <u>James Mason</u>					
14. BIRTHPLACE (city or town) <u>Oklahoma</u> (State or country)					
15. MAIDEN NAME <u>Mellie Mason</u>					
16. BIRTHPLACE (city or town) <u>Oklahoma</u> (State or country)					
17. INFORMANT <u>Mellie Mason</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Anthony's Hosp.</u> Date <u>Nov 28, 1932</u>					
19. UNDERTAKER <u>W. A. Catlett & Sons</u> (Address)					
20. FILED <u>Nov 28, 1932</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11-27-1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 27</u> , 1932, to <u>Nov 27</u> , 1932.					
I last saw him alive on <u>Nov 27</u> , 1932; death is said to have occurred on the date stated above, at <u>St. Anthony's Hosp.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Stillborn</u> <u>Premature birth.</u> Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1932.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>D. Ray</u> , M. D.					
(Address)					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Grace
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **207604**

Registration District No. 84 State File No. _____

Prim. Registration District No. 2161 Local Registrar's No. 1089

2. FULL NAME OF CHILD

3. Sex M If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature Yes Full term _____ 7. Legitimate Yes 8. Date of birth 9-21-32, 193____ (MONTH, DAY, YEAR)

9. Full name FATHER Clarence Samuel Bennett 18. Full name MOTHER Leah Bodell Hansen

10. Residence (usual place of abode) (If non-resident, give place and State) Grace 19. Residence (usual place of abode) (If non-resident, give place and State) Grace

11. Color or race Wh 12. Age at last birthday 28 (years) 20. Color or race Wh 21. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) Thatcher, Ida 22. Birthplace (city or place) (State or country) Grace

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Sept 1932 17. Total time (years) spent in this work Life 25. Date (month and year) last engaged in this work Sept 1932 26. Total time (years) spent in this work 8

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 5 1/2 months or weeks 29. Cause of stillbirth unknown Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 1:00 PM on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) Dr. J. J. Fanning, M. D.

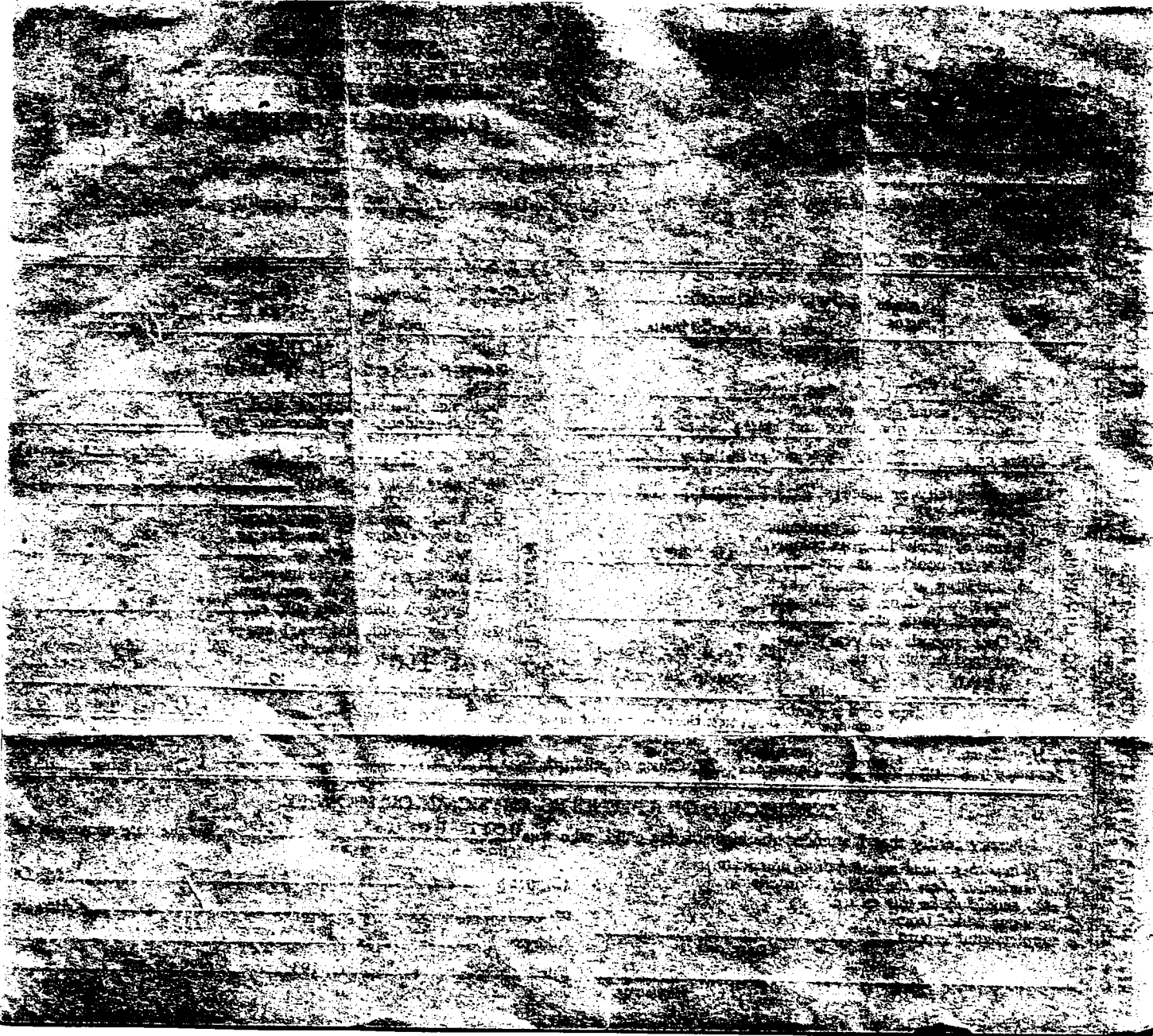
or _____, Midwife

Address Grace, Idaho

Filed Dec - 8, 1932 Mr. E. J. Fitt

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 15 1932

PLACE OF DEATH
County of Bannock
City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81192

Registration District No. 84
Primary Registration District No. 2161

Local Registrar's No. 274

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Bennett

(a) Residence. No. _____ St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-21-32

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grace, Ida
(State or country)

13. NAME Clarence Samuel Bennett
14. BIRTHPLACE (city or town) Thatcher, Ida
(State or country)

15. MAIDEN NAME Leah Bodell Hansen
16. BIRTHPLACE (city or town) Grace
(State or country)

17. INFORMANT Clarence Bennett
(Address) Grace18. BURIAL, CREMATION, OR REMOVAL
Place Grace Date 9-21-32 19319. UNDERTAKER none
(Address)20. FILED Dec 8, 1932 Mr. J. J. Fife
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-21-32 19322. I HEREBY CERTIFY, That I attended deceased from 9-21-32, 193, to 9-21-32, 193.

I last saw him alive on _____, 193; death is said to have occurred on the date stated above, at 1:00 PM.
The principal cause of death and related causes of importance were as follows:

Stillbirth

Date of onset

Other contributory causes of importance:

Prematurity (5½ mo.)

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed)

(Address)

Dr. J. J. Fife, M.D.
Grace, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Grass Chesterfield</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Registration District No. <u>84</u> State File No. <u>207605</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>		Prim. Registration District No. <u>2161</u> Local Registrar's No. <u>1100</u>	
3. <u>Sex</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>Yes</u>
9. Full name FATHER <u>Moses Vasco Muir</u>		8. Date of birth <u>11-10-32</u> 193 <u>26</u> (MONTH, DAY, YEAR)	
10. Residence (usual place of abode) <u>Chesterfield</u> (If non-resident, give place and State)		18. Full maiden name MOTHER <u>Elizabeth Grant</u>	
11. Color or race <u>Wh</u>		19. Residence (usual place of abode) <u>Chesterfield</u> (If non-resident, give place and state)	
12. Age at last birthday <u>54</u> (years)		20. Color or race <u>Wh</u>	
13. Birthplace (city or place) <u>Bountiful Utah</u> (State or country)		21. Age at last birthday <u>44</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		22. Birthplace (city or place) <u>Chesterfield</u> (State or country)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own farm</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
16. Date (month and year) last engaged in this work <u>Nov 1932</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
17. Total time (years) spent in this work <u>Life</u>		25. Date (month and year) last engaged in this work <u>Nov 1932</u>	
26. Total time (years) spent in this work <u>26</u>		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>10</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>	
28. If stillborn, period of gestation _____ months or weeks		29. Cause of stillbirth _____	
Before labor _____		During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 9:15 AM m. on the date above stated.
(BORN ALIVE OR STILLBORN)

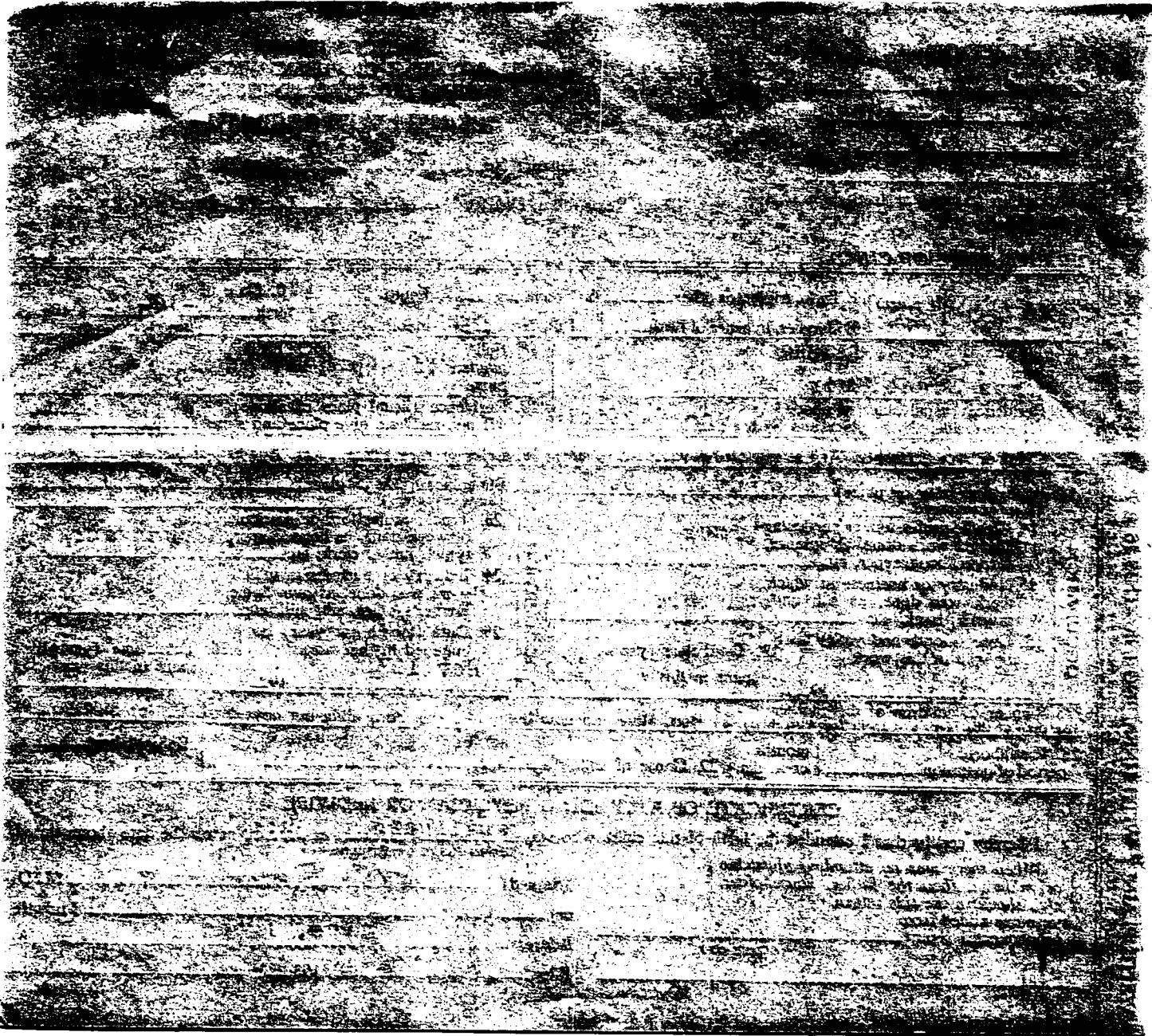
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____ (DATE OF) _____

(Signed) B. J. Goring, M. D.
or _____, Midwife

Address Grass, Idaho

Filed Dec-14-, 1932 Mar. J. P. Fitz
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 15 1932
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
 County of Bannock
 City of Grace-
Chesterfield Registration District No. 84
 Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE

81186

State File No.

Local Registrar's No. 278

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Muir

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
---------------------	-------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 11-10-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				<u>0</u>

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Chesterfield
(State or country)

MOTHER FATHER

13. NAME Moses Vasco Muir14. BIRTHPLACE (city or town) Bountiful Utah
(State or country)15. MAIDEN NAME Elizabeth Grant16. BIRTHPLACE (city or town) Chesterfield
(State or country)17. INFORMANT Moses V. Muir
(Address) Chesterfield18. BURIAL, CREMATION, OR REMOVAL
Place Chesterfield Date 11-10-3219. UNDERTAKER
(Address)20. FILED Dec 14, 1932 Mrs. G. G. Fitz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-10-32 19322. I HEREBY CERTIFY, That I attended deceased from 11-10-32, 193, to 11-10-32, 193.I last saw him alive on, 193...; death is said
to have occurred on the date stated above, at 2:15 AM
The principal cause of death and related causes of importance
were as follows:Stillborn

Date of onset

Other contributory causes of importance:

Maternal Abruptio Placenta 11-9-32

Name of operation, Date of

What test confirmed diagnosis Hist & Phy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?, Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) B. S. S. S. S., M. D.(Address) Grace, Idaho

UNITED STATES STANDARD-CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 207648

1. PLACE OF BIRTH
County of Bear Lake
City of St Charles
No. _____ St. _____
Registration District No. 55 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD He named - Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other Twin 5. Number, in order of birth 2nd 6. Premature X Full term _____ 7. Legitimate? Yes 8. Date of birth Nov 2, 1932 (MONTH, DAY, YEAR)

9. Full name Elwood Cleveland FATHER 18. Full maiden name Leola Lillian Pagnier MOTHER
10. Residence (usual place of abode) St Charles 19. Residence (usual place of abode) St Charles
(If non-resident, give place and State) (If non-resident, give place and state)
21. Age at last birthday 22 (years) 20. Color or race W 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Idaho 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth Unknown { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:55 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) C O Moore, M. D.

or _____, Midwife

Address Paris Idaho

Filed 12-5, 1932 Hannah J. Nelson, Registrar.

Registrar.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it is the first official communication of the new President to the Congress. The letter is written in a very formal and dignified style, and it contains a great deal of information about the new administration and its policies. The President expresses his confidence in the Congress and his belief that they will support his administration in its efforts to maintain the Union and to promote the welfare of the people. He also mentions the recent election of Abraham Lincoln as President, and he expresses his hope that the new administration will be able to work with the Congress to achieve the goals of the nation.

2. The second part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it is the first official communication of the new President to the Congress. The letter is written in a very formal and dignified style, and it contains a great deal of information about the new administration and its policies. The President expresses his confidence in the Congress and his belief that they will support his administration in its efforts to maintain the Union and to promote the welfare of the people. He also mentions the recent election of Abraham Lincoln as President, and he expresses his hope that the new administration will be able to work with the Congress to achieve the goals of the nation.

3. The third part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it is the first official communication of the new President to the Congress. The letter is written in a very formal and dignified style, and it contains a great deal of information about the new administration and its policies. The President expresses his confidence in the Congress and his belief that they will support his administration in its efforts to maintain the Union and to promote the welfare of the people. He also mentions the recent election of Abraham Lincoln as President, and he expresses his hope that the new administration will be able to work with the Congress to achieve the goals of the nation.

4. The fourth part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it is the first official communication of the new President to the Congress. The letter is written in a very formal and dignified style, and it contains a great deal of information about the new administration and its policies. The President expresses his confidence in the Congress and his belief that they will support his administration in its efforts to maintain the Union and to promote the welfare of the people. He also mentions the recent election of Abraham Lincoln as President, and he expresses his hope that the new administration will be able to work with the Congress to achieve the goals of the nation.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		COUNTY OF <u>Bear Lake</u>		State File No. <u>81220</u>	
CITY OF <u>St Charles</u>		REGISTRATION DISTRICT NO. <u>55</u>		LOCAL REGISTRAR'S NO. <u>206</u>	
(No.)		(If death occurred in a hospital or institution, give its name instead of street and number.)		206	
2. FULL NAME <u>Un named</u>		(a) Residence. No. St.		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos.		ds.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. min.
<u>Steelborn</u>		<u>no</u>	<u>age</u>	<u>—</u>	<u>—</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>St Charles Idaho</u>					
MOTHER	13. NAME <u>Elewood Cleveland</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Leola Lillian Pygnier</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT (Address) <u>O O Moore Paris Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place and Date <u>St Charles Idaho</u> 193 <u>—</u>					
19. UNDERTAKER (Address) <u>Bps. E. Wallred took charge</u>					
20. FILED <u>11-5</u> , 193 <u>2</u> <u>Hannah J. Tolson</u> Registrar.					
21. DATE OF DEATH (month, day, and year) 193 <u>—</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 2</u> , 193 <u>2</u> to <u>Nov 2</u> , 193 <u>2</u>					
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.					
The principal cause of death and related causes of importance were as follows:					
<u>Steelborn - Premature birth about 6 mos.</u>					Date of onset
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193.....					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>O O Moore</u> M.D. (Address) <u>Paris Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

1. PLACE OF BIRTH
County of Bingham
City of Shelley
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 207689

Registration District No. 121 State File No. _____
Prim. Registration District No. 2194 Local Registrar's No. 432

2. FULL NAME OF CHILD Still birth

3. Sex Female 4. Twin, triplet, or other twin 5. Number, in order of birth 1 6. Premature? yes 7. Legitimate? yes 8. Date of birth Nov 15, 1932
(MONTH, DAY, YEAR)

9. Full name of FATHER <u>Ray G. Kelley</u>		18. Full maiden name of MOTHER <u>Fern Dial</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shelley</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Shelley</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>26</u> (years)
13. Birthplace (city or place) (State or country) <u>Smoot Fork, Utah</u>		22. Birthplace (city or place) (State or country) <u>Willard, Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 7 months or weeks _____ 29. Cause of stillbirth True Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:40 PM on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. E. Guyett, M. D.

or _____, Midwife

Address Shelley, Ida

Filed Dec 6 1932

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

1901

PRINTED BY

THE STATE

PRINTING

OFFICE

ALBANY

1901

1901

1901

1901

1901

1901

1901

1901

1901

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

RECEIVED DEC 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

81254

State File No.

PLACE OF DEATH

County of BinghamCity of Shelley

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2191

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Baby Kelly

(a) Residence. No. _____

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. 0 mos. 0 ds.How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

(If nonresident give city or town and State.)

Local Registrar's No. 158

906

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of none6. DATE OF BIRTH (month, day and year) 11/10/32

7. AGE

Years 0Months 0Days 0If LESS than 1 day,
hrs. or min. 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Shelley, Id.
(State or country)10. NAME OF FATHER Floyd G. Kelly11. BIRTHPLACE OF FATHER (city or town) Meridian, Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Fern Deal13. BIRTHPLACE OF MOTHER (city or town) Willard, Utah
(State or Country)

14.

Informant
(Address) Floyd G. Kelly
Shelley, Id.

15.

Filed Nov-17, 1932Mrs. Walter E. Vestig
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov
(Month)15
(Day)1932
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 15, 1932 to Nov 15, 1932
that I last saw her live on Stillborn Nov 15, 1932

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stillborn at 7th
month Mother had
influenza

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

Premature
delivery - 7 Mo (duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted if not at place of death? sameDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical Signs(Signed) H. B. Vestig, M. D.11/14/32 19 _____ (Address) Shelley

19. Place of Burial, Cremation, or Removal

Date of Burial

Shelley Dist. Cem.Nov 16, 1932

20. Undertaker

Address

None employed

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)**. For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably such**, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah
City of Edinburg, Pa.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

207749

CERTIFICATE OF BIRTH

No. 108 St. Harp

Registration District No. 73 State File No. 2140

(If born in hospital or institution give name.)

Prim. Registration District No. 2140 Local Registrar's No. 953

FULL NAME OF CHILD Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth / }	Legiti- mate? <u>yes</u>	Date of birth <u>9 25 1932</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 6 (a) Born alive and now living 4

Born alive but now dead 1 Stillborn 1

FATHER FULL NAME <u>Ray Thomas Reeder</u>	MOTHER FULL MAIDEN NAME <u>Edna Grace Celdiron</u>
--	---

Residence (Usual place of abode) <u>Railro</u>	Residence (Usual place of abode) <u>Railro</u>
--	--

If nonresident, give place and State

Color or race <u>white</u>	Age at last Birthday <u>43</u> (Years)	Color or race <u>white</u>	Age at last Birthday <u>39</u> (Years)
----------------------------	--	----------------------------	--

Birthplace <u>Stockton, Kansas</u> (City and State or Country)	Birthplace <u>Columbus, Kansas</u> (City and State or Country)
---	---

Occupation <u>Railroad Fireman</u>	Occupation <u>Housewife</u>
------------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 1143P M.
on the date above stated.

(Signature) W. F. Millan

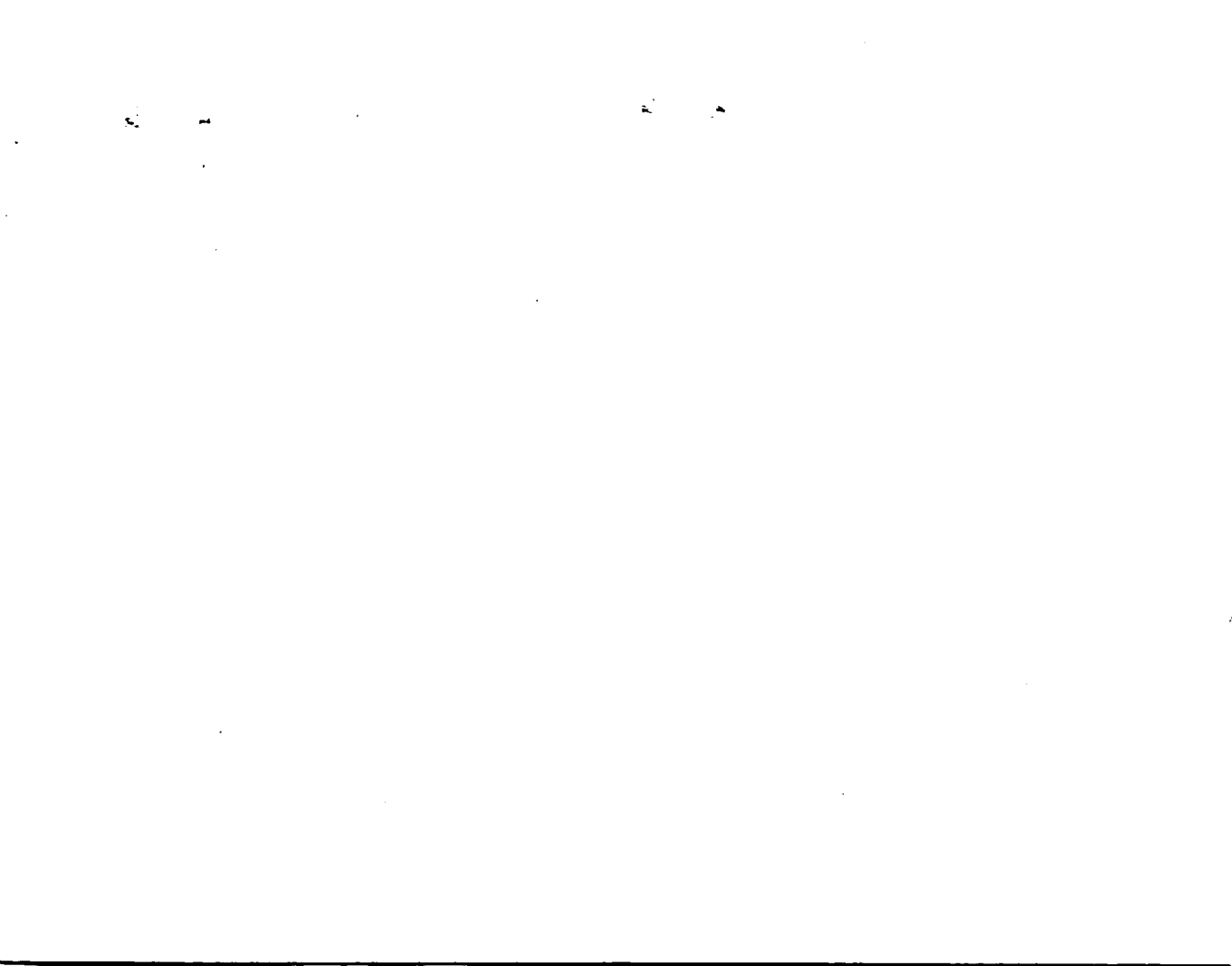
(Physician or midwife)

Address Edinburg, Pa.

Filed Oct 17 1932 C. F. Fennell

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V.S. No. 5-A-25M 1-19

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. 23
Primary Registration District No. 2140
(No. St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80920
Local Registrar's No. 143

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Reeder

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

9 25 1932
(Month) (Day) (Year)

7. AGE

Still born
Yrs. Mos. ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho Falls, Idaho

10. NAME OF FATHER

Ray Thomas Reeder

11. BIRTHPLACE OF FATHER

(State or Country) Stockton, Kansas

12. MAIDEN NAME OF MOTHER

Edna Grace Coldiron

13. BIRTHPLACE OF MOTHER

(State or Country) Columbus, Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. T. Reeder
(Address) Idaho Falls, R. 7 D. #5

15. Sept 24 1932
Filed Local Registrar

MEDICAL CERTIFICATE OF DEATH

206

16. DATE OF DEATH

Sept 25 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 25 1932 to Sept. 25 1932

that I last saw him alive on 19, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Stillborn - Marginal Placenta previa, Cord Crushed in delivery -
(Duration) yrs. mos. ds.

Contributory

(Secondary)

(Duration) yrs. mos. ds.

(Signed)

H. L. Willson M. D.
9/26 1932 (Address) Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Idaho Falls

DATE OF BURIAL

Sept 26 1932

20. UNDERTAKER

V. T. McLean

ADDRESS

Idaho Falls

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home,** and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH,** state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

299-1011010-556
PLACE OF BIRTH

County of Bonneville
City of Idaho Falls
No. L. O. S. Hospital St.

(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

207750

Registration District No. 73 State File No. 2140

Prim. Registration District No. 2140 Local Registrar's No. 322

FULL NAME OF CHILD Keith Allan Brinkman

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimacy <u>yes</u>	Date of birth <u>Oct 1</u> 19 <u>32</u>
	(To be answered only in event of plural births)		(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 1

FATHER		MOTHER	
FULL NAME <u>Joseph John Brinkman</u>	FULL MAIDEN NAME <u>Minnie Newman</u>		
Residence (Usual place of abode) <u>447 South Capitol Idaho Falls</u>	Residence (Usual place of abode) <u>447 South Capitol Idaho Falls</u>		
If nonresident, give place and State	If nonresident, give place and State		
Color or race <u>White</u> Age at last Birthday <u>41</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>26</u> (Years)		
Birthplace <u>Farmington, Minn.</u> (City and State or Country)	Birthplace <u>Mila, Idaho</u> (City and State or Country)		
Occupation	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Stillborn at 2:45 P. M.
on the date above stated.

(Signature) Mary Hatch M.D.

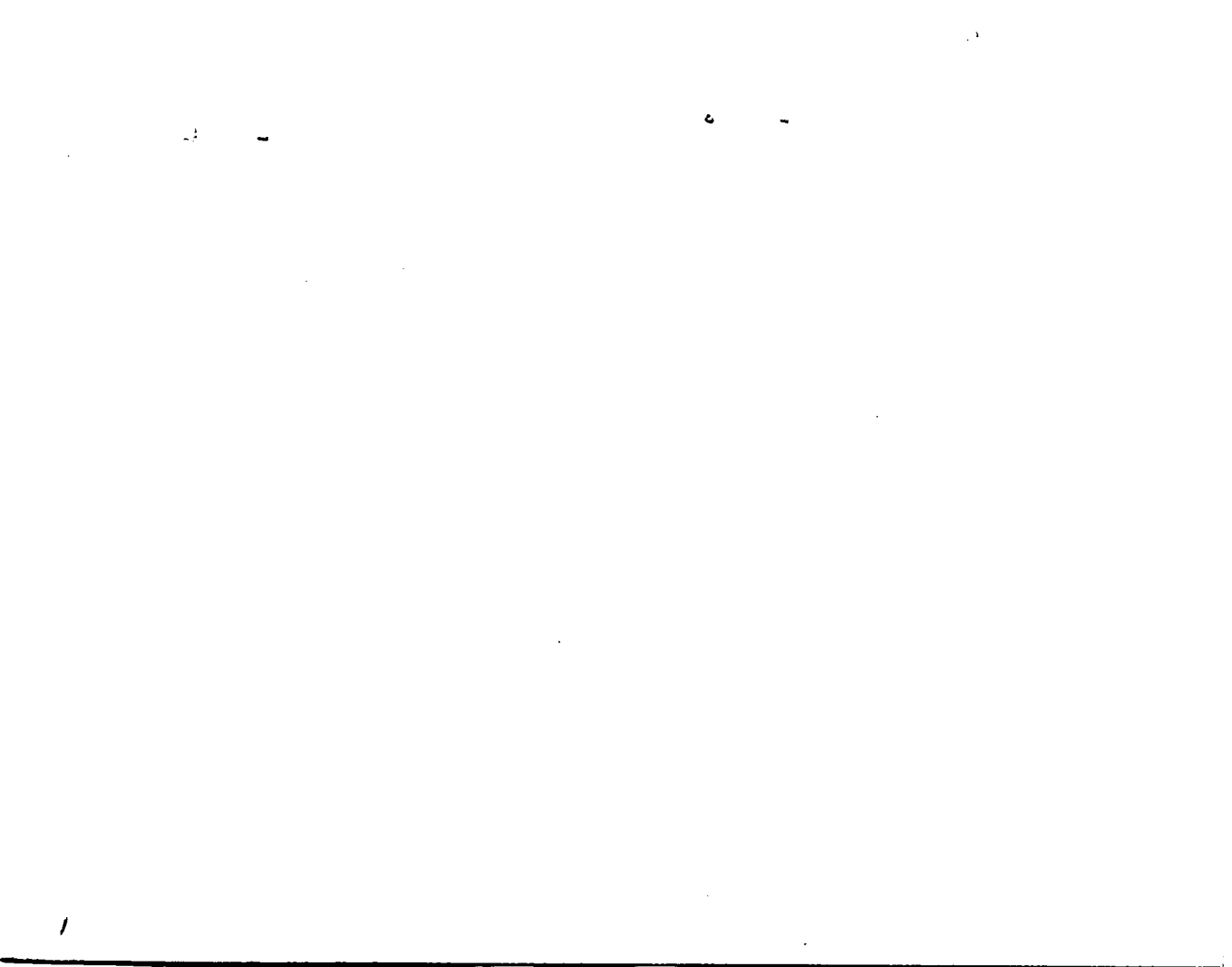
(Physician or midwife)

Address Idaho Falls Idaho

Filed Oct 1 1932 C. J. Anderson

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 23 1932
FORM V. S. No. 8-4-25M-100V 23 1932 CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of *Blaineville* Registration District No. *73*
City of *Idaho Falls Idaho* Primary Registration District No. *2, 1, 1, 1*
(No. _____ St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME *Baby Keith Allen Brinkman*

State File No. *81277*
Local Registrar's No. *81277*
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED
(Write the word)

6. DATE OF BIRTH

October 1 1932
(Month) (Day) (Year)

7. AGE

Stillborn
IF LESS than 1 day how many
— hrs. or
Yrs. Mos. ds. min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Idaho Falls Idaho*

10. NAME OF FATHER

Joseph John Brinkman

11. BIRTHPLACE OF FATHER

(State or Country) *Farmington Minnesota*

12. MAIDEN NAME OF MOTHER

Minnie Newman

13. BIRTHPLACE OF MOTHER

(State or Country) *Mills, Idaho*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Joseph John Brinkman*
(Address) *Idaho Falls Idaho 447 S. 1st*

15. Filled *Oct 1 - 1932* *Confidential*
Local Registrar

MEDICAL CERTIFICATE OF DEATH 206

16. DATE OF DEATH

Oct 1 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Oct 1 - 1932* to *Oct 1 1932*
that I last saw him alive on *Oct 1 1932*
and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Still born. complete knot in cord, stunting of circulation
(Duration) yrs. mos. ds.
Contributory *long cord*
(Secondary)

(Signed) *W. R. Hatch* M. D.
Oct 1932 Address *Idaho Falls*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Funeral Home DATE OF BURIAL *Oct 1 1932*

20. UNDERTAKER

Funeral Home ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED
County of Blaine Idaho 23 1932
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 207751

No. L.S. Hospital St.

(If born in hospital or institution
give name.)

Registration District No. 73 State File No. 73

Prim. Registration District No. 2108 Local Registrar's No. 2108

FULL NAME OF CHILD Stillborn Larsen
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>10-25-</u> 1932 (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>James Elmer Larsen</u>	MOTHER FULL MAIDEN NAME <u>Pearl Maria Jones</u>
---	---

Residence (Usual place of abode) Victor, Idaho

If non-resident, give place and State

Color or race White Age at last Birthday 32 (Years)

Birthplace Shelly Idaho (City and State or County)

Occupation Laborer

If non-resident, give place and State

Color or race White Age at last Birthday 32 (Years)

Birthplace Victor Idaho (City and State or County)

Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 11:10 A. M.
on the date above stated.

(Signature) W. P. Hatch

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Oct 26 19 32 Continued

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10-7TH

FILED IN CHIEF

TO THE
SECRETARY OF THE
NAVY
WASHINGTON, D. C.

of how new technology was used to

RECEIVED
JAN 10 1964

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2. second of these is the fact that the
3. third of these is the fact that the

10-10-1964

INTERO

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or, hadwille, than the latter
* If there was no attorney

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which is of importance to the

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...to make it...
...to make it...

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. **RECEIVED NOV 25 1932** **CERTIFICATE OF DEATH**
1. PLACE OF DEATH
County of Bannockville Registration District No. 73
City of Idaho Falls Primary Registration District No. 2140
(No. L. H. S. Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Stillborn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
State File No. 81279
Local Registrar's No. 81279
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-OWED OR DIVORCED
(Write the word)

6. DATE OF BIRTH

October 25 1932
(Month) (Day) (Year)

7. AGE

Stillborn
IF LESS than 1 day how many hrs. or min.?
Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF FATHER

James Edwin Larsen

11. BIRTHPLACE OF FATHER

(State or Country) Victor Idaho

12. MAIDEN NAME OF MOTHER

Pearl Maria Jones

13. BIRTHPLACE OF MOTHER

(State or Country) Victor Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Addelman
(Address) L. H. S. Hospital Idaho Falls

15.

Filled Oct 26 1932 J. J. J. J. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 25 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 25 1932 to Oct 25 1932 that I last saw her alive on Still born 1932 and that death occurred on the date stated above, at Still M.

The CAUSE OF DEATH* was as follows:

5 1/2 month fetus
abnormal development
because of placenta
(Duration) yrs. 5 1/2 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

W. Ray Kaph M. D.
(Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted
if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Cremated L. H. S. Hospital Idaho Falls

DATE OF BURIAL

Oct 26 1932

20. UNDERTAKER

none

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home,** and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH,** state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29 ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH **IDAHO** **NOV 23 1932** **STATE OF IDAHO**
County of **Banner** **DEPARTMENT OF PUBLIC WELFARE**
City of **Idaho Falls,** **BUREAU OF VITAL STATISTICS**
CERTIFICATE OF BIRTH **207752**
No. _____ St. _____
Registration District No. **73** State File No. _____
(If born in hospital or institution
give name.) Prim. Registration District No. **2140** Local Registrar's No. **358**
FULL NAME OF CHILD **Stiehlhorn**
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female	Twins or Triplets or other? No (To be answered only in event of plural births)	Number in order of birth 1	Legitimate? Yes	Date of birth 9 5 1932 (Month) (Day) (Year)
----------------------------	--	-----------------------------------	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth **0** (a) Born alive and now living **0**

Born alive but now dead **0** Stillborn **1**

FATHER	MOTHER
FULL NAME Victor Fred Bauerle	FULL MAIDEN NAME Netta Mary Jorgensen

Residence (Usual place of abode) _____

If nonresident, give place and State _____

Color or race **white** Age at last Birthday **22** (Years)

Birthplace _____ (City and State or Country)

Occupation **Farmer** _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **Born alive** **Stillborn** at **8:26 P. M.** on the date above stated.

(Signature) **John D. Mellor M.D.**

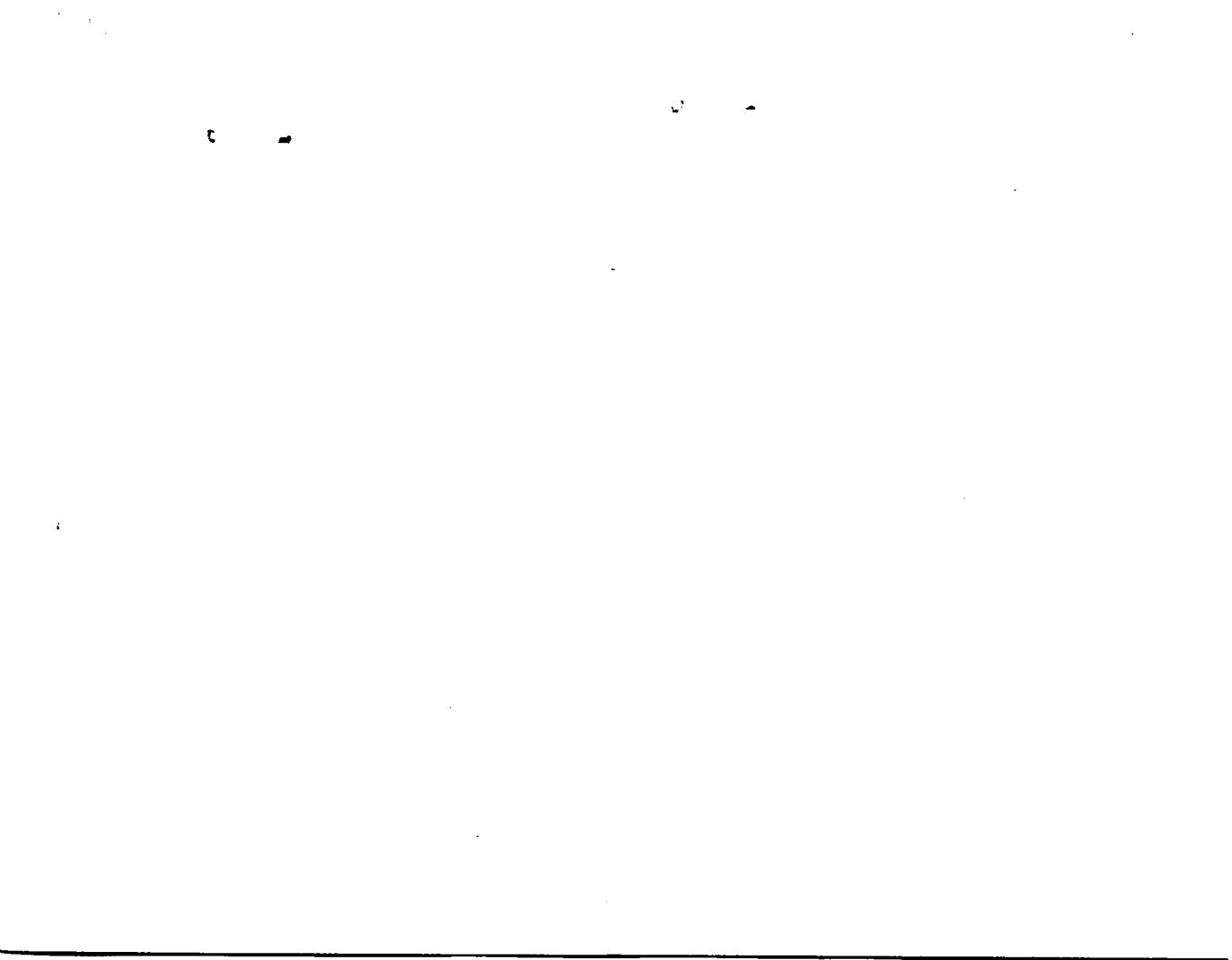
Physician
(Physician or midwife)

Address **Idaho Falls, Idaho**

Filed **Oct 17 1932** **Certified**

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM NO. 12-54-10 OCT. 19 1932 CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Bonneville*
City of *Idaho Falls*

Registration District No. *73*
Primary Registration District No. *21470*
(No. _____ St.)

State File No. *80922*
Local Registrar's No. *132*

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

9 (Month) *5* (Day) *1932* (Year)

7. AGE

still born IF LESS than 1 day how many
Yrs. Mos. ds. hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Idaho Falls, Idaho*

10. NAME OF FATHER

Victor Fred Bauerle

11. BIRTHPLACE OF FATHER

(State or Country) *Salt Lake City, Utah*

12. MAIDEN NAME OF MOTHER

Metta Mary Jorgensen

13. BIRTHPLACE OF MOTHER

(State or Country) *Ellwood, Utah*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Ruth Ann Bauerle*

(Address) *4 amn Idaho*

15.

Filed *Sept 6* 19 *32* *Confession*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 5, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19. to 19.,
that I last saw h. alive on 19.,
and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Still born at full term pregnancy. Cause probably degenerated placenta.
Duration yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.
(Signed) *John O. Mellow* M. D.
19 (Address) *P.O. Box 212 Idaho Falls*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted
if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Idaho Falls, Idaho *Sept 6* 19 *32*

20. UNDERTAKER

ADDRESS

none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon
City of Melba Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

207839

Registration District No. 7 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2096 Local Registrar's No. 256
FULL NAME OF CHILD male Carlisle Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legit <u>yes</u>	Date of birth <u>Nov 16 - 1932</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 0
Number of child of this mother, including present birth 1 (a) Born alive and now living 0
Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Bert Carlisle</u> Residence (Usual place of abode) <u>Melba, Id.</u> If non-resident, give place and State _____ Color or race <u>W</u> Age at last Birthday <u>45</u> (Years) Birthplace <u>Maine</u> (City and State or County) Occupation <u>laborer</u>	MOTHER FULL MAIDEN NAME <u>Christina Eggers</u> Residence (Usual place of abode) <u>Melba, Id.</u> If non-resident, give place and State _____ Color or race <u>W</u> Age at last Birthday <u>41</u> (Years) Birthplace <u>Idaho</u> (City and State or County) Occupation <u>housewife</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn Boon-atta at 28 M. on the date above stated.

(Signature) Samuel A. Swaine
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Melba, Idaho
Filed Dec. 3 1932 Lyda Rodgers
Registrar

NOV

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACED IN FILE		RECEIVED DEC 1 1932		STATE OF IDAHO		S	
County of...		RECEIVED DEC 1 1932		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
City of <u>Kentonsville</u>				BUREAU OF VITAL STATISTICS		207980	
No. St.		1932		CERTIFICATE OF BIRTH			
(If born in hospital or institution give name.)		Registration District No. <u>105</u>		State File No.			
FULL NAME OF CHILD <u>Doris Irene Johnson (Stillbirth)</u>		Prim. Registration District No. <u>2183</u>		Local Registrar's No. <u>75</u>			
		(If stillborn, substitute the word "Stillbirth" for name of child)					
Sex of Child <u>F</u>	Twin Triplet or other? <u> </u>	{ and }	Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>Nov 16</u>	<u>1932</u>	
	(To be answered only in event of plural births)				(Month) (Day) (Year)		
What prophylactic was used to prevent Ophthalmia Neonatorum?							
Number of child of this mother, including present birth <u>3</u>				(a) Born alive and now living <u>2</u>			
Born alive but now dead				Stillborn <u>1</u>			
FATHER		FULL MAIDEN NAME		MOTHER			
FULL NAME <u>Delmer Johnson</u>		FULL MAIDEN NAME <u>Irene Andre</u>		MOTHER			
Residence (Usual place of abode) <u>Kentonsville, Ida.</u>		Residence (Usual place of abode) <u>Kentonsville, Ida.</u>		MOTHER			
If non-resident, give place and State		If non-resident, give place and State		MOTHER			
Color or race <u>W</u> Age at last Birthday <u>26</u> (Years)		Color or race <u>W</u> Age at last Birthday <u>24</u> (Years)		MOTHER			
Birthplace <u>Medical Lake, Wash.</u> (City and State or County)		Birthplace <u>Kentonsville, Idaho</u> (City and State or County)		MOTHER			
Occupation <u>Day laborer</u>		Occupation <u>Housewife</u>		MOTHER			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 3:30 A. M. on the date above stated.

(Signature)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Delmer Johnson
reporting Mrs. Hilbert (Physician or midwife) at birth.
Address Kentonsville, Idaho
Filed Nov 30, 1932 M. F. Orr
J. B. Registrar.

(If born in hospital or institution)

10-11-68

Number of child of this mother, including present birth: (a) Born alive and now living

Formula

JAMES
 M. HALL
 1917

ЯЗЫК

(b)(7)(C) - Exemption from disclosure of information, the disclosure of which would constitute an unwarranted invasion of privacy.

07-18-09

(continued)

150 related to 149

b6
b7C
b7D

1. 10/10/1991

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

County of Idaho
City of Bozeman

Registration District No. 102
 1932
 Primary Registration District No. 2183
 (No. St.

File No. 81379
Registered No. 26

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Doris Irene Johnson Stallborn

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WID- OWED OR DIVORCED Single (Write the word.)
-------------	-----------------------	---

6. DATE OF BIRTH

Nov. 16 1932
(Month) (Day) (Year)

7. AGE

Yrs. Mos. ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business or establishment in which employed (or employer).....

9. BIRTHPLACE
(State or Country) *Utah and Idaho*

10. NAME OF FATHER Delmer Johnson

11. BIRTHPLACE

11. BIRTHPLACE
OF FATHER
(State or Country) *Medical Lake Wash*

12. MAIDEN NAME
OF MOTHER Irene Andre

13. BIRTHPLACE
OF MOTHER
(State or Country) Kenterville, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Delmer Johnson
(Address) Keuterville Idaho

15. Filed Nov 19 1932 H. F. Orr per J. B.
Local Registrar

16. DATE OF DEATH

..... Nov. 16 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
19..... to19.....

that I last saw him alive on.....19.....

and that death occurred on the date stated above, at 3:30 AM.

The CAUSE OF DEATH* was as follows:

No doctor in attendance.

.....(Duration)Yrs.....mos.....ds

Contributory.....
(Secondary)

.....(Duration)yrs.....mos.....ds.

(Signed) M, D

.....19..... (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... In the State.....
 yrs. mos. days. yrs. mos. days.

Where was disease contracted
if not at place of death?.....

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Kenterville Idaho	Nov. 17, 1932

20. UNDERTAKER *Convey* ADDRESS *l. l.*

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECORD OF A LIST OF NAMES INCLUDING THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome RECEIVED DEC 19 1932
City of Jerome
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **208014**

(If born in hospital or institution give name.)

Registration District No. 18 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Stillborn

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth <u>2</u>	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct. 11</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Robert T. Burks</u>				18. Full maiden name MOTHER <u>Ella Oges</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Jerome</u>				19. Residence (usual place of abode) (If non-resident, give place and state) <u>Jerome Idh</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>43</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>22</u> (years)
13. Birthplace (city or place) (State or country) <u>Virginia</u>				22. Birthplace (city or place) (State or country) <u>Georgia</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Wool Grower</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____, 19____				25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of this birth and including this child) <u>2</u>				28. If stillborn, period of gestation _____ months or weeks		
29. Cause of stillbirth _____				30. (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____		
28. If stillborn, period of gestation _____ months or weeks				29. Cause of stillbirth _____		
30. Before labor _____				31. During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 2 P m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Char. F. Zeller, M. D.

or _____, Midwife

Address Jerome, Ida

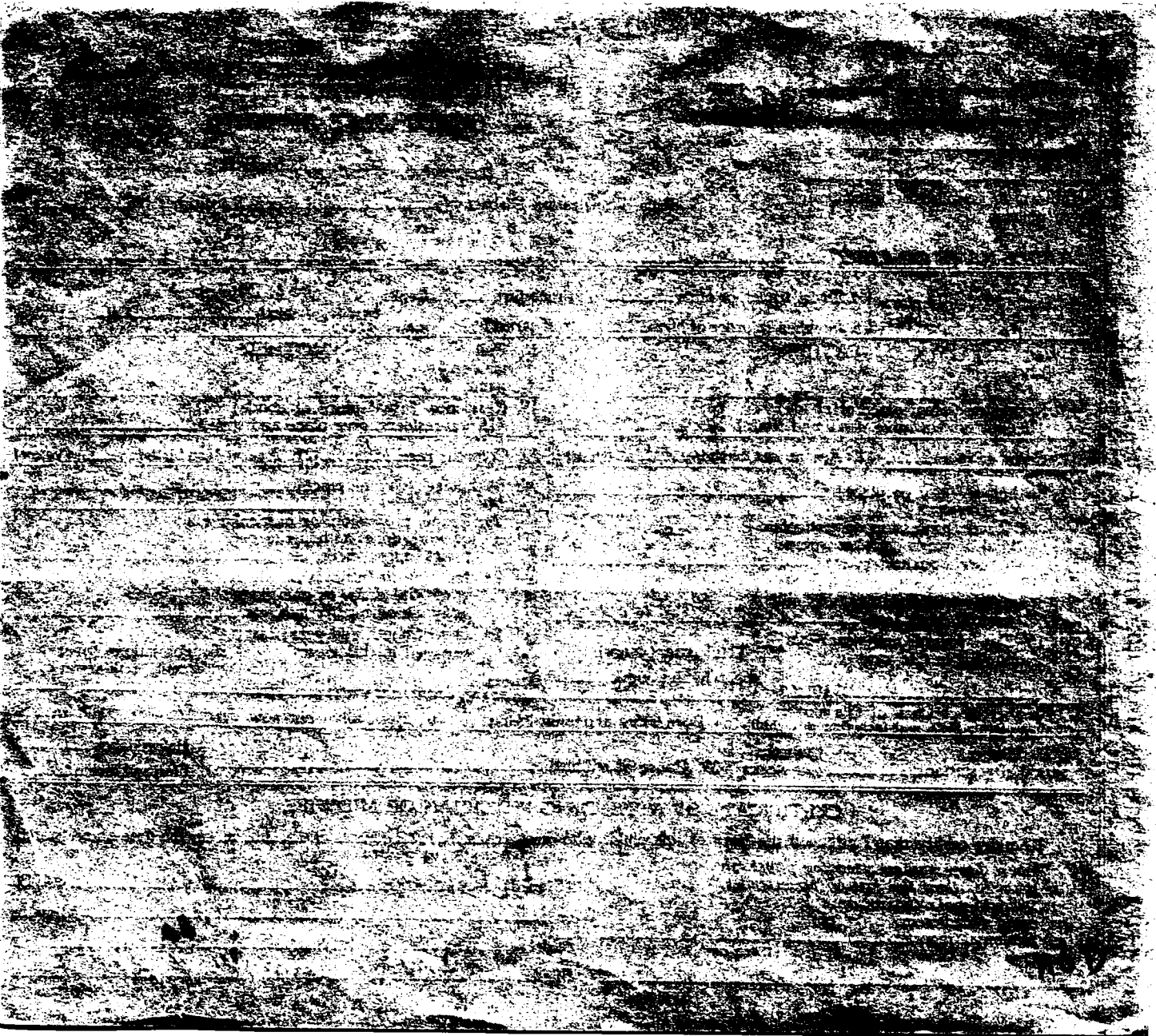
Filed 10/12, 1932 C. F. Zeller

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

RECEIVED NOV 30 1932 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

208052

County of Kootenai
City of Worley, Ida.
Registration District No. 30 File No. S
No. _____ St. _____
Primary Registration District No. 1030 Registered No. 142
Hospital _____
FULL NAME OF CHILD Not Named.

Sex of Child Female Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? yes. Date of Birth Oct 17 1932
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Lo howles Prentice
RESIDENCE Worley, Ida.
COLOR White AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Nebraska.
OCCUPATION Farmer.

MOTHER
FULL MAIDEN NAME Mamie E. Hawk.
RESIDENCE Worley, Ida.
COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Washington
OCCUPATION House-Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Still Born. at 11 30 A M.
on the date above stated. (Born alive or stillborn)

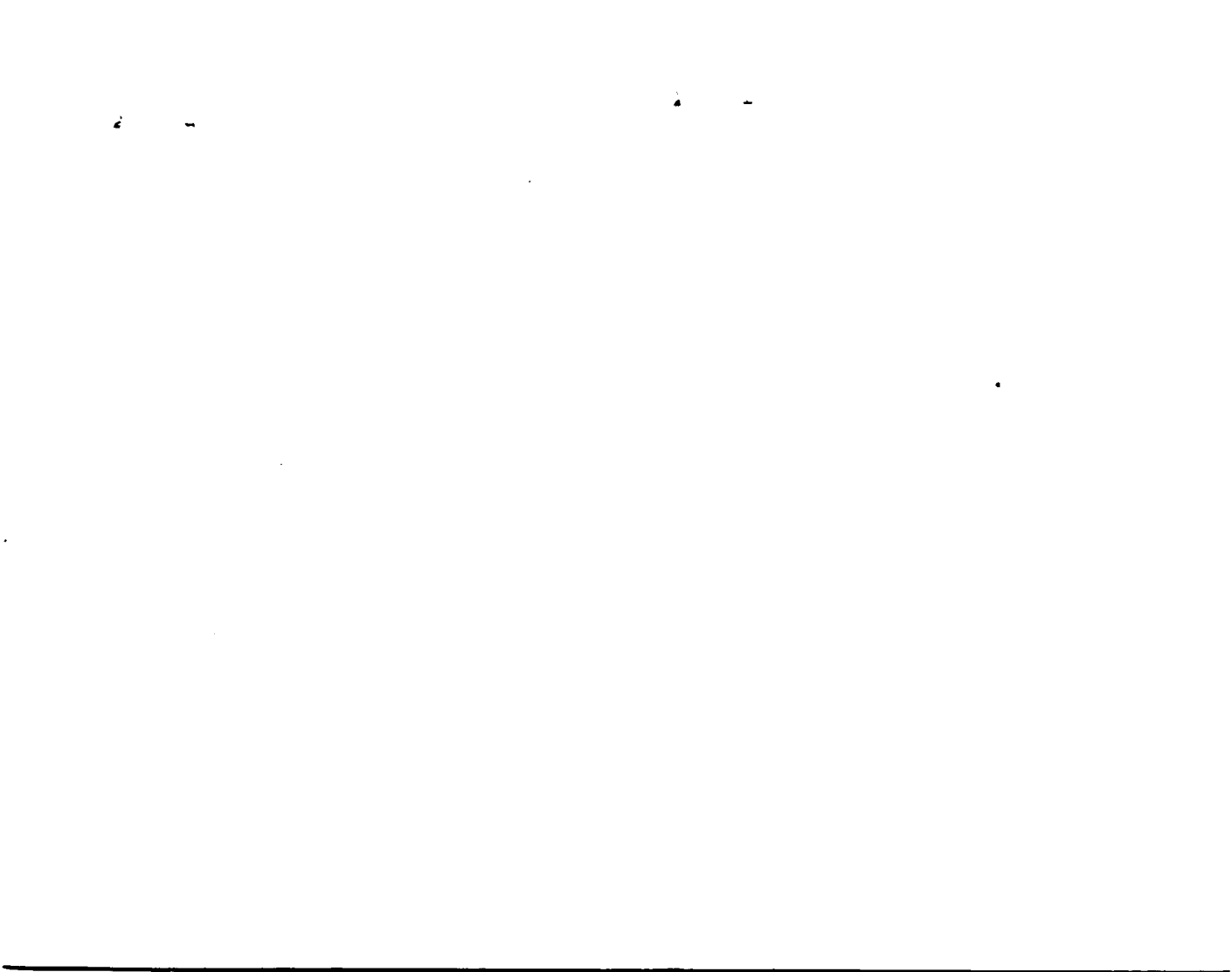
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Harrington, M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Worley, Idaho.
Filed 11-29 1932 N. J. Sturges Registrar

19 _____
Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 30

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
County of Notenai
City of Worley, Idaho
Registration District No. 230
Primary Registration District No. 2123

DO NOT WRITE IN THIS SPACE

State File No. 81396Local Registrar's No. 142

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Not Named Still Born, "Infant"(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Worley, Idaho (State or country)13. NAME Charles Prustice14. BIRTHPLACE (city or town) Nebraska (State or country)15. MAIDEN NAME Mrs. E. H. Hsu.16. BIRTHPLACE (city or town) Washington (State or country)17. INFORMANT Charles Prustice (Address) Worley, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Date Oct 18 193219. UNDERTAKER Buried by Neighbors (Address) Worley, Idaho20. FILED 11-29, 1932 H. J. Sturges Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193222. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1932, to Oct 17, 1932.I last saw h. Still Born, 1932; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Route known
"Still at delivery"

Other contributory causes of importance:
Known of none.

Name of operation Still Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 1932. Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. E. Hammett M. D.(Address) Worley, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

208067

S

County of Blaine

City of Moscow

No. 819 Harold

Registration District No. 61 State File No. 109

Hospital

Primary Registration District No. 1011 Local Registrar's No. 109

FULL NAME OF CHILD

Stelbirtch 4 1/2 months

(Certificate of no value without full name of child)

Sex of
Child

Twin
Triplet
or other?

and { Number
in order
of birth

Legiti-
mate?

Date of
birth Nov 21 1922
(Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 8

Number of child of this mother now living, including present birth 6

FULL
NAME

FATHER

Harry Roach

RESIDENCE

8191 Harold St Moscow

COLOR

White

AGE AT LAST
BIRTHDAY 45
(Years)

BIRTHPLACE

Canada

OCCUPATION

Lumber Camp

FULL
MAIDEN
NAME

MOTHER

Willie Galloway

RESIDENCE

Moscow Idaho

COLOR

White

AGE AT LAST
BIRTHDAY 34
(Years)

BIRTHPLACE

Spokane Wash

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive
Stillborn } at 3:30 P. M.
on the date above stated.

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.
Give names added from a supplemental report.

(Signature)

Dr. F. M. Leitch

(Physician or midwife)

Address

Moscow, Idaho

Filed

12-9 1922 Harold

Registrar.

Registrar.

107

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Mingus
City of Hayburn
No. _____ St. _____
Registration District No. 117 State File No. _____
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 208135
CERTIFICATE OF BIRTH

(If born in hospital or institution give name.)
Prim. Registration District No. 2196 Local Registrar's No. 2198

2. FULL NAME OF CHILD Stillborn

3. Sex Girl If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? no 8. Date of birth Oct 27, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER _____ 18. Full maiden name MOTHER Lena G. Moore

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and state) Hayburn

11. Color or race _____ 12. Age at last birthday _____ (years) 20. Color or race w 21. Age at last birthday 17 (years)

13. Birthplace (city or place) (State or country) _____ 22. Birthplace (city or place) (State or country) Utah

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation _____ months _____ or weeks _____ 29. Cause of stillbirth Intra uterine asphyxia Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:30 A.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

(Signed) Hugh F. Dean, M. D.

or _____, Midwife

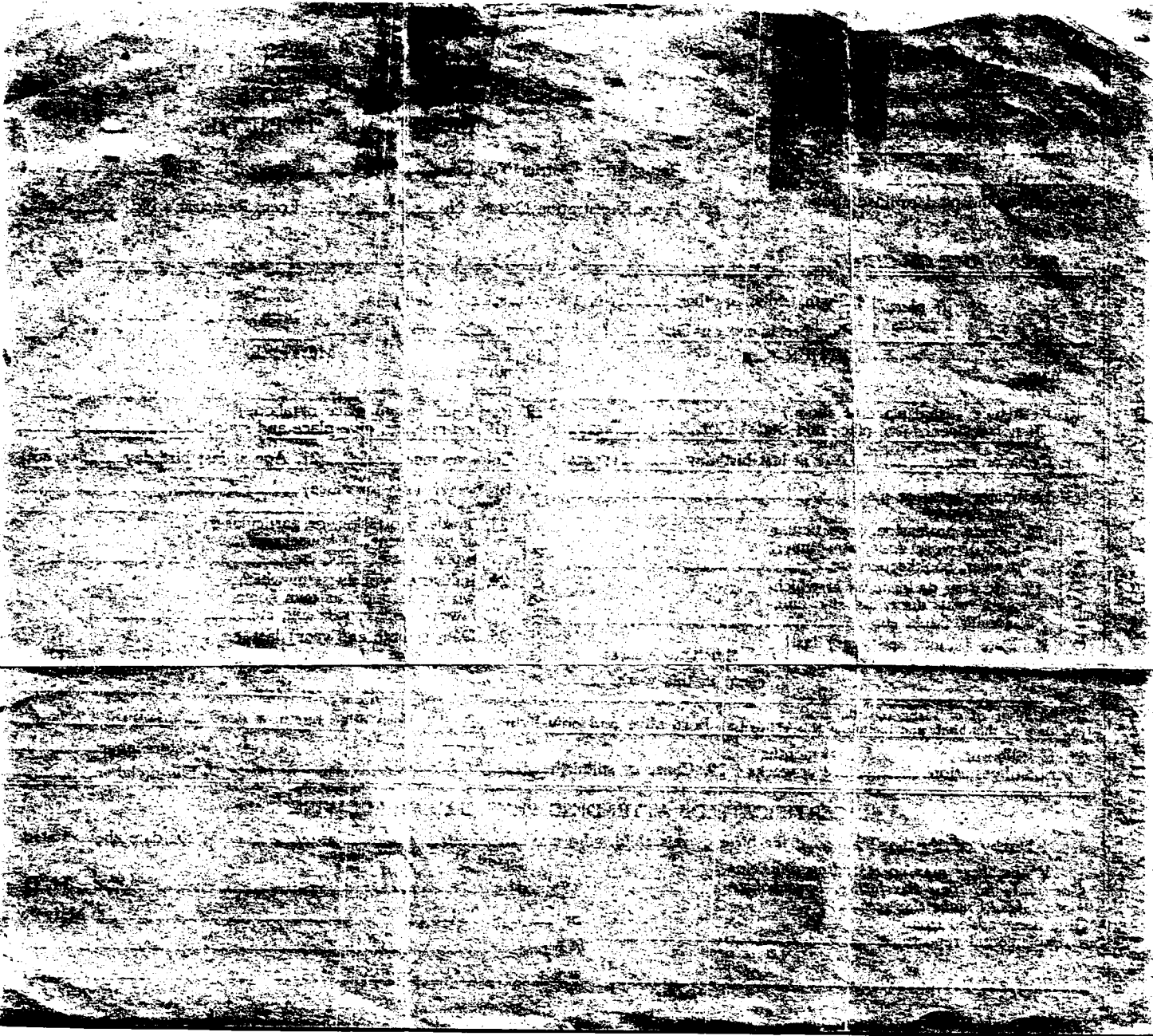
Address Burley, Idaho

Filed Nov 8, 1932 H. H. Cutler

Registrar.

Registrar.

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }
Give name added from _____
a supplemental report _____
(DATE OF)



RECEIVED DEC 12 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

81442

State File No.

PLACE OF DEATH

County of MujidokaCity of Heyburn

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2015

(No.)

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Moore

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) S

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct. 28 - 19327. AGE Still Born Years. Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Heyburn
(State or country) Idaho10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Long Moore13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)14. Informant Mrs. John Moore
(Address) Heyburn, Ida.15. Filed 11-11 1932 W. E. Hume
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 28, 1932
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932, to Oct 28, 1932that I last saw him alive on Oct 28, 1932
and that death occurred, on the date stated above, at 11: 0 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Infant Uterine Asphyxia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 10-28Was there an autopsy? NoWhat test confirmed diagnosis? Autopsy(Signed) W. E. Hume, M. D.(Address) 11-11, 1932

19. Place of Burial, Cremation, or Removal Date of Burial

Heyburn, Ida. 10-28 1932

20. Undertaker Address

W. E. Hume Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 6 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S
208138

CERTIFICATE OF BIRTH

County of Blaine
City of Southwicks
No. St.

Registration District No. 63 State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No. 2143 Local Registrar's No.

FULL NAME OF CHILD Baby Smith Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Nov 2</u> 1932 (Month) (Day) (Year)
-----------------------------	---	---	--------------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 11 (a) Born alive and now living. 9

Born alive but now dead. 0 Stillborn 1

FATHER FULL NAME <u>Charles Wesley Smith</u>	MOTHER FULL MAIDEN NAME <u>Willie Reese</u>
---	--

Residence (Usual place of abode) Southwicks

If non-resident, give place and State

Color or race white Age at last Birthday 47 (Years)

Birthplace Zionville N. Carolina (City and State or County)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 11:40 P. M.
on the date above stated.

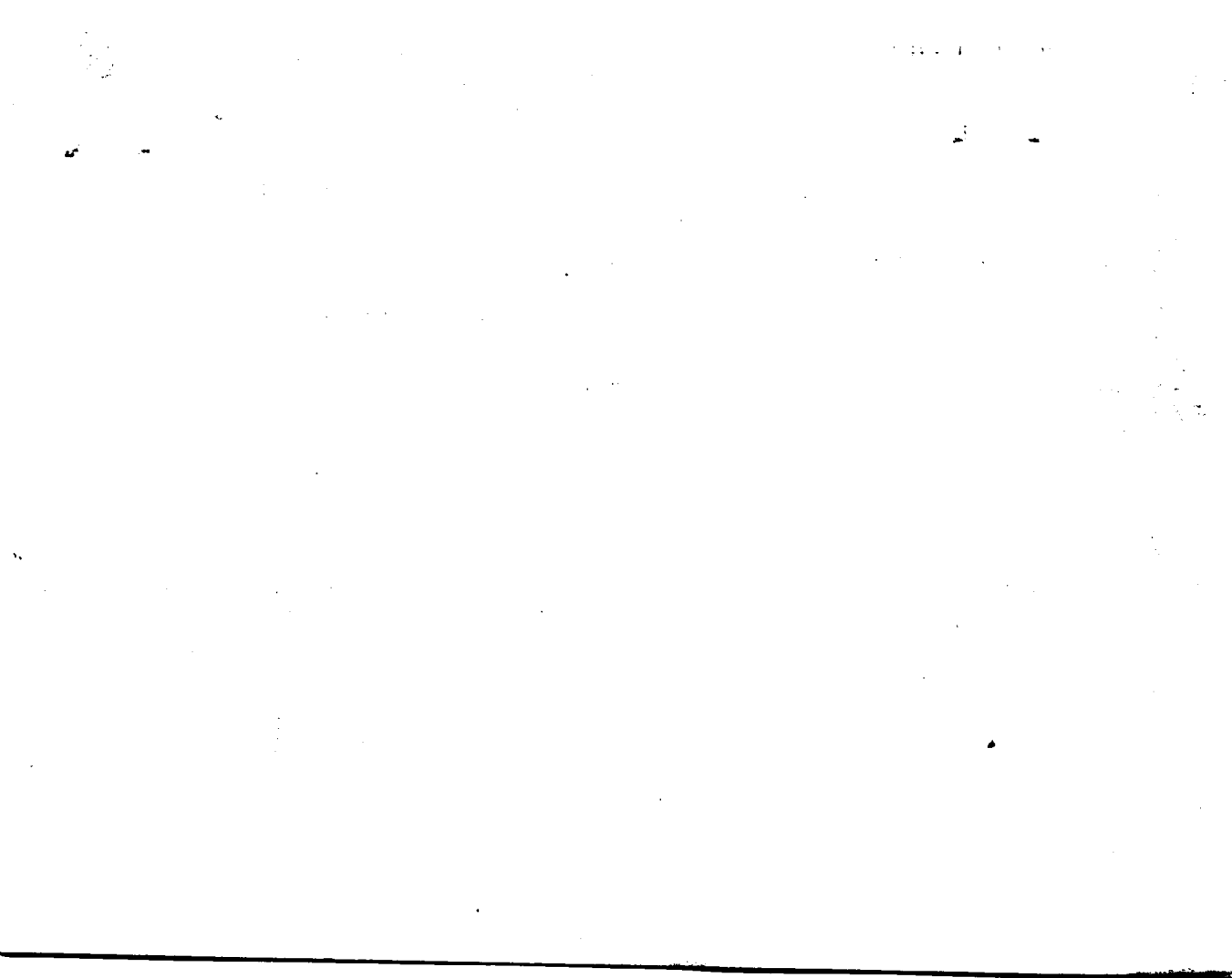
(Signature) D. C. Christensen M.D.

(Physician or midwife)

Address Hammond, Idaho

Filed Nov 5 1932 B. G. Neart

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



RECEIVED DEC 6 1932 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

81459

State File No.

PLACE OF DEATH

County of May
City of Southwick

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. 9143

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Smith

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 3, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Southwick, Idaho
(State or country)

10. NAME OF FATHER Charles Wesley Smith

11. BIRTHPLACE OF FATHER (city or town) Greenville
(State or Country) N. Carolina

12. MAIDEN NAME OF MOTHER Willie Reese

13. BIRTHPLACE OF MOTHER (city or town) Greenville
(State or Country) N. Carolina

14. Informant C. W. Smith, Southwick
(Address)

15. Filed Nov 4 1932 B. F. Nesbitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 3 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillbirth (9 mo)
Intercranial trauma
Branch presentation
(duration)yrs.mos.ds.

CONTRIBUTORY (Secondary)
(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?
(Signed) Dachmensen, M. D.
....., 19..... (Address) Southwick, Ida.

19. Place of Burial, Cremation, or Removal Southwick, Ida. Date of Burial 11-3 1932

20. Undertaker none Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

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Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 208181

1. PLACE OF BIRTH
County of Shoshone
City of Kalace
No. Providence St.

Registration District No. 71 State File No. 101

Prim. Registration District No. 1611 Local Registrar's No. 101

2. FULL NAME OF CHILD Stillborn

3. Sex <u>♂</u>	4. Twin, triplet, or other <u>1st</u>	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Nov. 11, 1932</u> (MONTH, DAY, YEAR)
9. Full name of FATHER <u>Chas. Orvison Shuck</u>		18. Full maiden name of MOTHER <u>Alice May Cox</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho, 2d</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Idaho</u>		
11. Color or race <u>W.</u>		21. Age at last birthday <u>27</u> (years)		
12. Age at last birthday <u>41</u> (years)		22. Birthplace (city or place) (State or country) <u>Twin Bridges, Mont</u>		
13. Birthplace (city or place) (State or country) <u>Idaho</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Idaho</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Now</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Now</u>		25. Date (month and year) last engaged in this work <u>Now</u>		
16. Date (month and year) last engaged in this work <u>Now</u>		26. Total time (years) spent in this work <u>Now</u>		
17. Total time (years) spent in this work <u>Now</u>		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		
28. If stillborn, period of gestation <u>8 mos</u> months or weeks		29. Cause of stillbirth <u>Don't know</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 PM on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) Dr. Mowery, M. D.

or Wallace, Idaho, Midwife

Address Wallace, Idaho

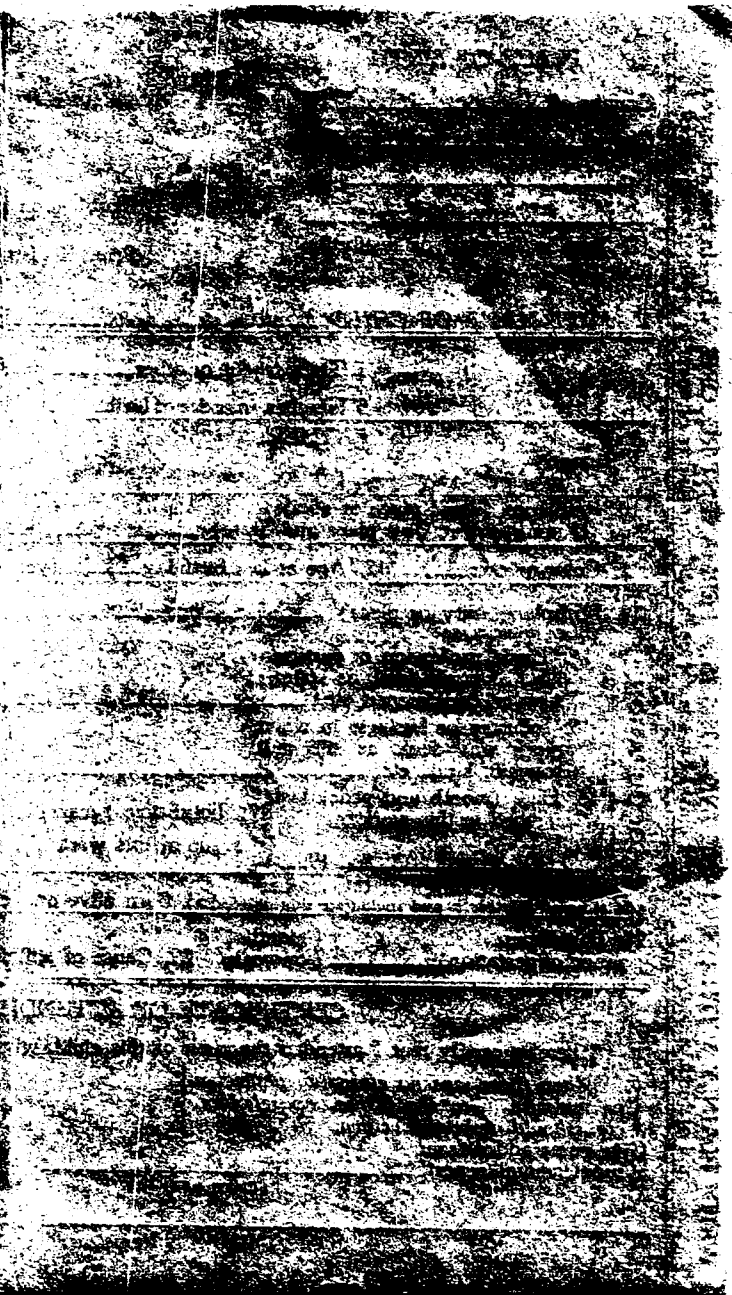
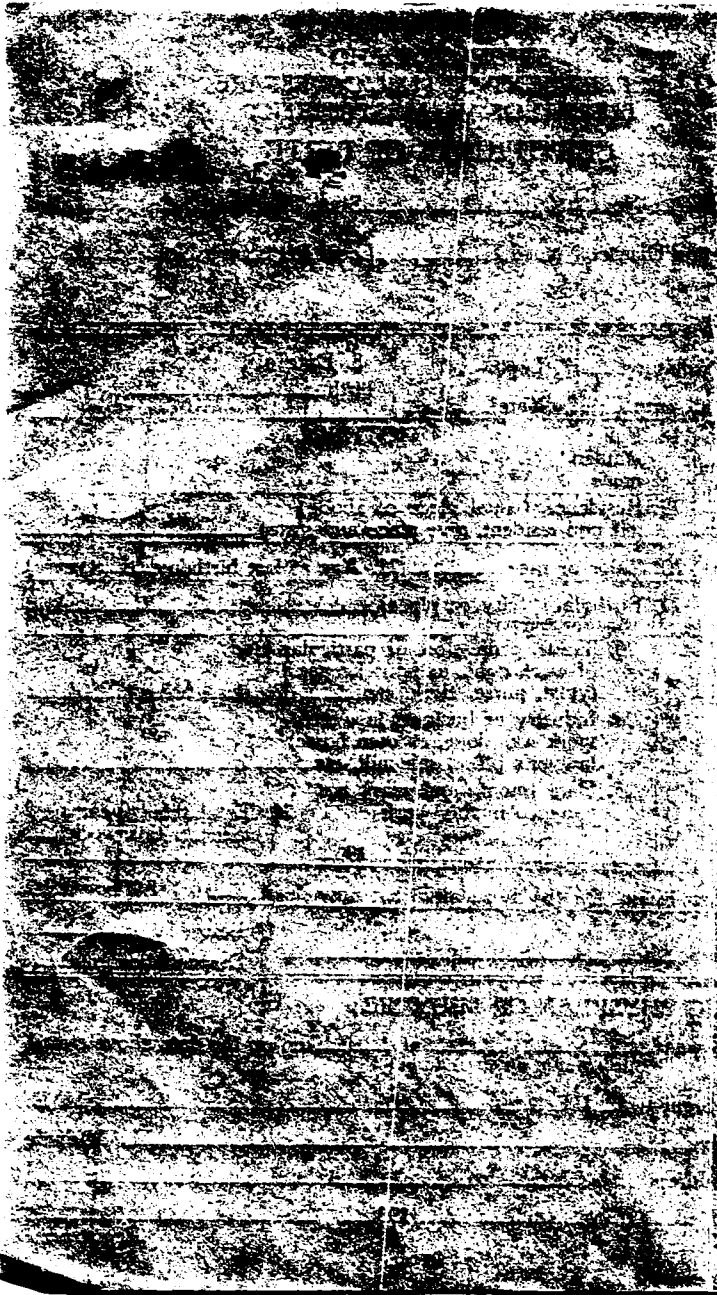
Filed Dec 6 1932 C. S. Brown

Registrar.

Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. (DATE OF)



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 81487 State File No.	
PLACE OF DEATH County of <u>Shoshone</u> City of <u>Wallace</u>		Registration District No. Primary Registration District No. Local Registrar's No. <u>94</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Infant daughter of Mrs. & Mr. Chas. C. Shuck</u>			
(a) Residence. No. (Usual place of abode)		St.	
Length of residence in city or town where death occurred. yrs. mos. ds.		(If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>+</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>			
6. DATE OF BIRTH (month, day, and year) <u>Nov. 11th 1932</u>			
7. AGE	Years	Months	Days
			If LESS than 1 day, ... hrs. or min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Wallace</u> (State or country) <u>Ida</u>			
FATHER			
13. NAME <u>Chas. C. Shuck</u>			
14. BIRTHPLACE (city or town) <u>Nevada</u> (State or country)			
MOTHER			
15. MAIDEN NAME <u>Alice Bx</u>			
16. BIRTHPLACE (city or town) <u>Montana</u> (State or country)			
17. INFORMANT <u>Mr. Chas. C. Shuck</u> (Address) <u>Wallace 269</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace</u> Date <u>Nov. 12, 1932</u>			
19. UNDERTAKER <u>A. C. W. (Wood)</u> (Address) <u>Wallace 269</u>			
20. FILED <u>Dec 6th 1932</u> <u>6 S Stone</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Nov. 11, 1932</u>			
22. I HEREBY CERTIFY, That I attended deceased from 193... to 193... I last saw <u>her</u> alive on <u>Nov. 11</u> , 1932; death is said to have occurred on the date stated above, at <u>1:15</u> m. The principal cause of death and related causes of importance were as follows: <u>Still Born</u> Other contributory causes of importance: <u>Prematurity</u>			
Name of operation <u>None</u> Date of What test confirmed diagnosis? <u>None</u> Was there an autopsy? 23. If death was due to external causes (violence) <u>all</u> in also the following: Accident, suicide, or homicide? Date of injury 193... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? <u>Y</u> If so specify (Signed) <u>Dr. M. W. Wood</u> M. D. (Address) <u>Wallace 269</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 5 1939
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
S
CERTIFICATE OF BIRTH 208191

County of Stanton
City of Driggs
No. _____ St. _____

Registration District No. 77 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2176 Local Registrar's No. 31

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>11</u> <u>15</u> <u>1927</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living _____
Born alive but now dead _____ Stillborn 1

FATHER FULL NAME <u>H. A. Strong</u> Residence (Usual place of abode) <u>Driggs Ida</u> If nonresident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>37</u> Birthplace <u>Farmington, Ark</u> (City and State or Country) Occupation <u>Life Insurance</u>	MOTHER FULL MAIDEN NAME <u>Jessie E. Hughes</u> Residence (Usual place of abode) <u>Driggs Ida</u> If nonresident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>23</u> Birthplace <u>Driggs</u> (City and State or Country) Occupation <u>Housewife</u>
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at _____
on the date above stated. 5:30 P.M.

(Signature) H. H. Harrison

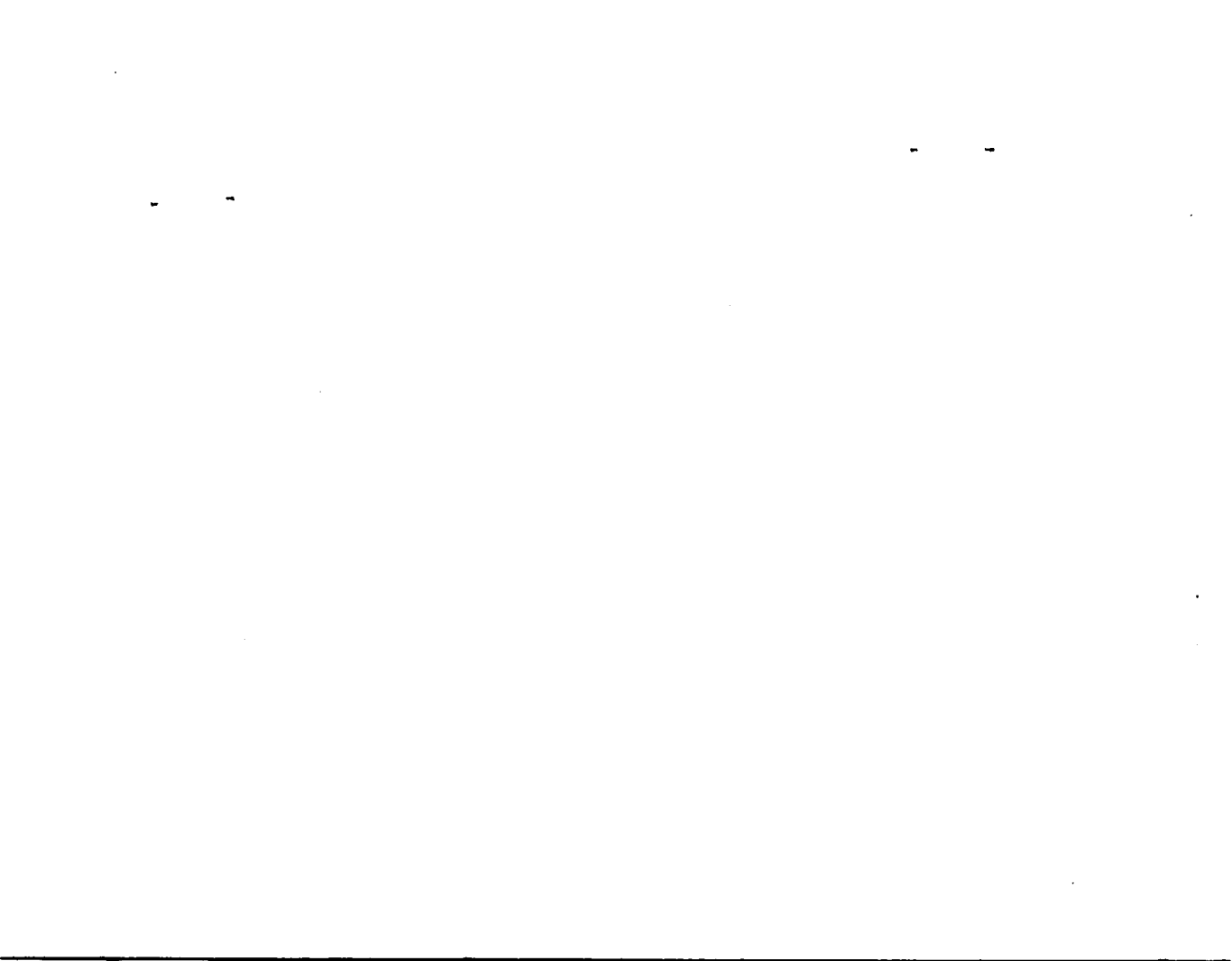
Phys.
(Physician or midwife)

Address Driggs Ida

Filed 11-20-1939

Chas M. Green
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
81490
State File No. _____

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Teton
City of DriggsRegistration District No. 77
Primary Registration District No. 2176
(No. _____)Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Still born

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 15 - 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Driggs, Idaho
(State or country)10. NAME OF FATHER W. A. Strong11. BIRTHPLACE OF FATHER (city or town) Farmington
(State or Country) Utah12. MAIDEN NAME OF MOTHER June E. Englyerson13. BIRTHPLACE OF MOTHER (city or town) Driggs
(State or Country) Idaho14. Informant Wm A. Strong
(Address) Driggs, Idaho15. Filed 11-20-1932 Abie W. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
11 (Month) 15 (Day) 1932 (Year)17. I HEREBY CERTIFY, That I attended deceased from
11-15, 1932, to 11-15, 1932
that I last saw her alive on 11-15, 1932
and that death occurred, on the date stated above, at 5:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:asphyxiation(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Delayed labor
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. A. Strong, M. D.
11-16-, 1932 (Address) Driggs, Idaho19. Place of Burial, Cremation, or Removal Driggs, Idaho Date of Burial 11-16-1932

20. Undertaker _____ Address _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or pericarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—26m-9-8-16

County of

Lewin Falls

City of

Lewin Falls

No.

R. T. D. Mrs. Geo. Ward

Registration District No.

1932 37

File No.

208205

S

Hospital

Name

Primary Registration District No.

2082

Registered No.

432

FULL NAME OF CHILD

Stillborn

Sex of Child

Female

Twin
Triplet
or other?and
Number
in order
of birthLegiti-
mate?

yes

Date of Birth

Nov. 17/1932
(Month) (Day) (Year)

FULL NAME

FATHER

Daniel Russell Dillie

RESIDENCE

Halbrook, Okeech Co. Id.

COLOR

white

AGE AT LAST

BIRTHDAY

32
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Rancher

FULL
MAIDEN
NAME

MOTHER

Leana Ward

RESIDENCE

Halbrook, Okeech Co. Id.

COLOR

white

AGE AT LAST

BIRTHDAY

24
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was

Still born

2 A M.

on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. John R. Morgan

Lewin Falls, Idaho

(Physician or midwife)

Given names added from a supplemental report.

Address

Central Bldg.

Filed

Dec 6 1932

Geo. C. Haller

Registrar

JAN 25 1993

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81905

State File No.

County of LincolnCity of Lincoln FallsRegistration District No. 37Primary Registration District No. 2285Local Registrar's No. 241

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dillie Baby

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) ✓

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of B

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still born ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Lincoln Falls, Ida.
(State or country)

13. NAME to avoid Russell Dillie

14. BIRTHPLACE (city or town) Lincoln Falls
(State or country) Ida.

15. MAIDEN NAME Luna & Thana

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Dr. R. Morgan
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 1933

19. UNDERTAKER Quayle Johnson
(Address) Lincoln Falls, Ida.

20. FILED Dec. 18, 1932 Geo. C. Valley Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____

_____, 193____, to _____, 193____

I last saw him alive on _____, 193____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: _____

Date of onset

Still born

Other contributory causes of importance:

Anhydramnios
Hemorrhage cord
separated placental tissue

Name of operation _____ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify _____

(Signed) Dr. R. Morgan, M. D.(Address) Lincoln Falls, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

OCT 05 2000

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation *prior* to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Truman Falls
City of Truman Falls
No. 355 6th Ave. S. W.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
208213

Registration District No. 37 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1085 Local Registrar's No. 439

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Girl</u> If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>11-29, 1932</u> (MONTH, DAY, YEAR)
5. Number, in order of birth _____	Full term <u>X</u>			
9. Full name FATHER <u>Robert Elms Lightfoot</u>		18. Full maiden name MOTHER <u>Dorothy Dolores Lygner</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Truman Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and state) _____		
11. Color or race <u>white</u>		20. Color or race <u>white</u>		
12. Age at last birthday <u>32</u> (years)		21. Age at last birthday <u>29</u> (years)		
13. Birthplace (city or place) (State or country) <u>Marshalltown, Ia.</u>		22. Birthplace (city or place) (State or country) <u>Pomona, Cal.</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>				
28. If stillborn, period of gestation <u>9</u> months or weeks { 29. Cause of stillbirth <u>Undetermined</u> } Before labor <u>2 wks</u> During labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 A. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) C. D. Weaver, M. D.

or _____, Midwife

Address Truman Falls, Idaho

Filed Dec. 17, 1932 Dr. C. Haller

Registrar.

Registrar.

STATEMENT OF WORK

1. The purpose of this statement is to define the scope, objectives, and deliverables of the project.

2. The project is intended to develop a new software application that will streamline the workflow of the department.

3. The primary objectives of the project are to increase efficiency, reduce errors, and improve communication.

4. The project will be managed by the Project Manager, who will be responsible for ensuring that the project is completed on time and within budget.

5. The project will be divided into several phases, including planning, development, testing, and deployment.

6. The project will require the participation of several team members, including developers, testers, and project managers.

7. The project will be subject to regular communication and reporting to the steering committee.

8. The project will be subject to a final review and evaluation upon completion.

9. The project will be subject to a post-project review to identify lessons learned and areas for improvement.

10. The project will be subject to a final report and presentation to the steering committee.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 219

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Lightfoot, Norma Lovaine Lightfoot 206
(a) Residence. No. 355 6th Ave W St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>f</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>X</u>			21. DATE OF DEATH (month, day, and year) <u>11/29</u> 193 <u>2</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>X</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 29</u> , 193 <u>2</u> , to <u>Nov 29</u> , 193 <u>2</u> . I last saw her <u>alive</u> on <u>Nov 29</u> , 193 <u>2</u> : death is said to have occurred on the date stated above, at <u>m</u> . The principal cause of death and related causes of importance were as follows: <u>Still born</u> <u>Cause undetermined</u> <u>Died several weeks</u>		Date of onset
6. DATE OF BIRTH (month, day, and year) <u>Nov 29 '32</u>						
7. AGE Years <u>0</u> Months <u>0</u> Days <u>0</u> If LESS than 1 day, <u>hrs.</u> or <u>min.</u>						
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.					
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
	10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Twin Falls, Ida</u> (State or country)				Other contributory causes of importance:		
MOTHER	13. NAME <u>Robert E. Lightfoot</u>			Name of operation		Date of
	14. BIRTHPLACE (city or town) <u>Marshall Town Iowa</u> (State or country)			What test confirmed diagnosis?		Was there an autopsy?
	15. MAIDEN NAME <u>Dorothy Wyner</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury <u>1932</u> Where did injury occur? (Specify city or town, county, and State)		
	16. BIRTHPLACE (city or town) <u>Portanna Kansas</u> (State or country)			Specify whether injury occurred in industry, in home, or in public place.		
17. INFORMANT <u>Mrs. R. E. Lightfoot</u> (Address) <u>Twin Falls, Idaho</u>				Manner of injury		
18. BURIAL, CREMATION OR REMOVAL Place <u>Twin Falls</u> Date <u>Nov 29, 1932</u>				Nature of injury		
19. UNDERTAKER <u>Evans & Johnson</u> (Address) <u>2 J. Johnson</u>				24. Was disease or injury in any way related to occupation of deceased?		
20. FILED <u>11/30</u> , 193 <u>2</u> <u>George A. Bulley</u> Registrar				If so, specify <u>C. D. Weaver</u> , M. D. (Signed) <u>C. D. Weaver</u> (Address) <u>Twin Falls</u>		

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Bain
No. St. Alphonsus St. _____
(If born in hospital or institution give name.)
Registration District No. 2 State File No. _____
Prim. Registration District No. 1004 Local Registrar's No. 614

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Female</u>	4. Twin, triplet, or other <u>Full term</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>Full term</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec 12, 1932</u> (MONTH, DAY, YEAR)
-------------------------	--	--	----------------------------------	------------------------------	---

9. Full name <u>A. C. Smith</u> FATHER	18. Full maiden name <u>Charlotte Carter</u> MOTHER
--	---

10. Residence (usual place of abode) (If non-resident, give place and State) <u>2519 Street</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>2519 Street</u>
--	--

11. Color or race <u>W</u>	12. Age at last birthday <u>26</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>27</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>Bain Idaho</u>	22. Birthplace (city or place) (State or country) <u>Canton, Iowa</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Idaho Paver</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>3</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____, 19____
--	--	--	--

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ✓ (c) Stillborn 1

28. If stillborn, period of gestation 7 1/2 { months or weeks } 29. Cause of stillbirth Prematurity, malformation Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 2 45 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) A. J. Coats, M. D.

or _____, Midwife

Address _____

Filed 12-15, 1932 W. H. Rhodes

Registrar.

Registrar.

CERTIFICATE OF BIRTH
DIRECTOR OF HEALTH
STATE OF NEW YORK

1. Name of child at birth		2. Sex of child	
3. Date of birth		4. Place of birth	
5. Name of mother		6. Name of father	
7. Name of mother at birth		8. Name of father at birth	
9. Address of mother at birth		10. Address of father at birth	
11. Name of mother at present		12. Name of father at present	
13. Address of mother at present		14. Address of father at present	
15. Name of child at present		16. Sex of child at present	
17. Date of birth at present		18. Place of birth at present	
19. Name of mother at present		20. Name of father at present	
21. Address of mother at present		22. Address of father at present	
23. Name of child at present		24. Sex of child at present	
25. Date of birth at present		26. Place of birth at present	
27. Name of mother at present		28. Name of father at present	
29. Address of mother at present		30. Address of father at present	

CERTIFICATE OF AFFIDAVIT OF PHYSICIAN OR MIDWIFE

I, _____, a duly licensed _____ of the State of New York, do hereby certify that the above named child was born to the mother named _____ and to the father named _____ on the _____ day of _____, 19____, at _____, New York.

(Signed) _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of AdaCity of BoiseSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81556

State File No.

RECEIVED JAN 10 1933

Registration District No. 2City Registration District No. 1004Local Registrar's No. 317(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Charlotte Smith

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----6. DATE OF BIRTH (month, day, and year) Dec. 12-19327. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)13. NAME Alfred C. Smith.14. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)15. MAIDEN NAME Charlotte Smith.16. BIRTHPLACE (city or town) Creston, Iowa.
(State or country)17. INFORMANT A. C. Smith.
(Address) Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem Date 12/12/3219. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.20. FILED 12-12, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/12/32 19322. I HEREBY CERTIFY, That I attended deceased from
....., 193....., to , 193.....

I last saw h..... alive on , 193.....; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Still Born
premature.
Breech presentation
Clinical

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193.....
Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) J. Coats M. D.
(Address) Boise, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

Registration District No. 2 State File No. S
(If born in hospital or institution give name.)
Prim. Registration District No. 2161 Local Registrar's No. 1163
FULL NAME OF CHILD Still Born 208343
(If stillborn, substitute the word "Stillbirth" for name of child)
Sex of Child male Twin Triplet or other? } and } Number in order of birth 1
Legitimate? Yes Date of birth Feb 25 1932
(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth..... (a) Born alive and now living.....

Born alive but now dead..... Stillborn

FATHER FULL NAME Nick Yslas MOTHER FULL MAIDEN NAME Guadalupe Gonzalez

Residence (Usual place of abode) 3225 N. E. 4 Residence (Usual place of abode) same

If non-resident, give place and State..... If non-resident, give place and State.....

Color or race Mex Age at last Birthday..... Color or race Mex Age at last Birthday.....
(Years) (Years)

Birthplace Mexico Birthplace.....
(City and State or County) (City and State or County)

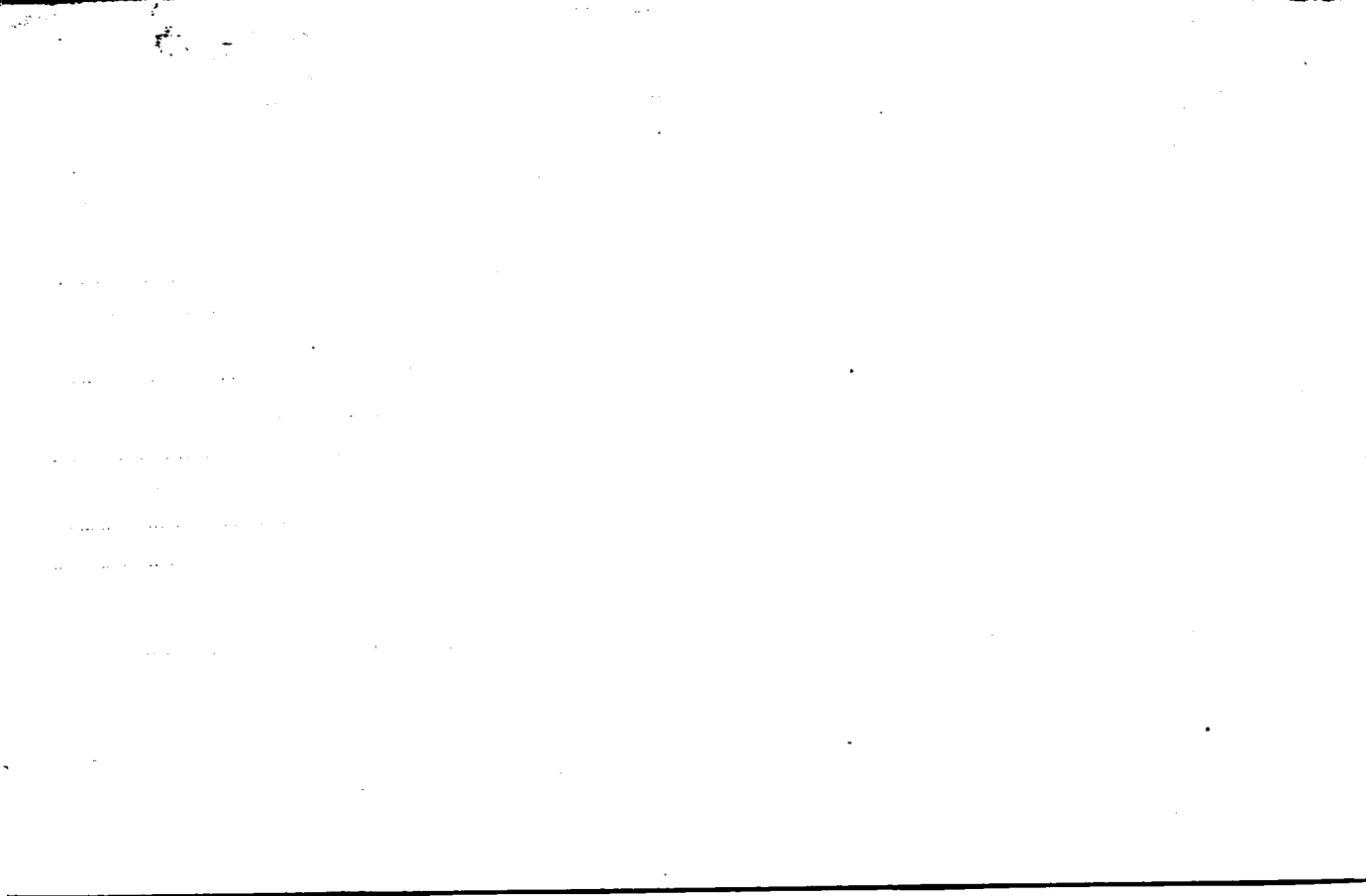
Occupation laborer Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at M.

(Signature) Coroner signed No doctor in attendance
(Physician or midwife)
Address Corpus Christi
Filed Jan 11 1933 McRay
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1932

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		City of <u>Pocatello</u>		State File No. <u>78198</u>	
Registration District No. <u>28</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>264</u>	
(No. <u>525 North Sixth</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Yslaz</u>					
(a) Residence. No. <u>525 North Sixth</u> St. <u>Pocatello, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M.</u>	4. COLOR OR RACE <u>Mexican</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Stillborn</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 25, 1932</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Pocatello, Idaho</u> (State or country)					
13. NAME <u>Nick Yslaz</u>					
14. BIRTHPLACE (city or town) <u>Mexico</u> (State or country)					
15. MAIDEN NAME <u>Guadalupe Gonzalez</u>					
16. BIRTHPLACE (city or town) <u>Mexico</u> (State or country)					
17. INFORMANT <u>Nick Yslaz</u> (Address) <u>525 North Sixth</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>2/26</u> , 193 <u>2</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho</u>					
20. FILED <u>2-26-1932</u> <u>Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>2/25 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 193....., to....., 193..... I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows: <u>Stillborn</u> <u>Did not have doctor in attendance, baby dead when born.</u> Other contributory causes of importance:					
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?..... 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) <u>Arthur W. Hall</u> <u>Crown</u> (Address) <u>Pocatello, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD!
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

County of **Blaine**
City of **Pocatello**DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

208344

No. **101 South Johnson St.****General Hospital**

(If born in hospital or institution give name.)

Registration District No. **28** State File No. **S**Prim. Registration District No. **2161** Local Registrar's No. **1117****Stillborn****Neeley**

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female	Twin Triplet or other? 	{ and } Number in order of birth 	Legitimate? Yes	Date of birth November 22 19 32
		(To be answered only in event of plural births)		(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth **One** (a) Born alive and now living **One**Born alive but now dead **None** Stillborn **One**

FATHER		MOTHER	
FULL NAME	Samuel Purington Neeley	FULL MAIDEN NAME	Edith Elvora Miller
Residence (Usual place of abode)		Residence (Usual place of abode)	
If non-resident, give place and State	Sterling, Idaho	If non-resident, give place and State	Sterling, Idaho
Color or race White	Age at last Birthday 38 (Years)	Color or race White	Age at last Birthday 30 (Years)
Birthplace Modoc County, California	(City and State or County)	Birthplace North English, Iowa	(City and State or County)
Occupation Ice Keeper		Occupation Housekeeper	

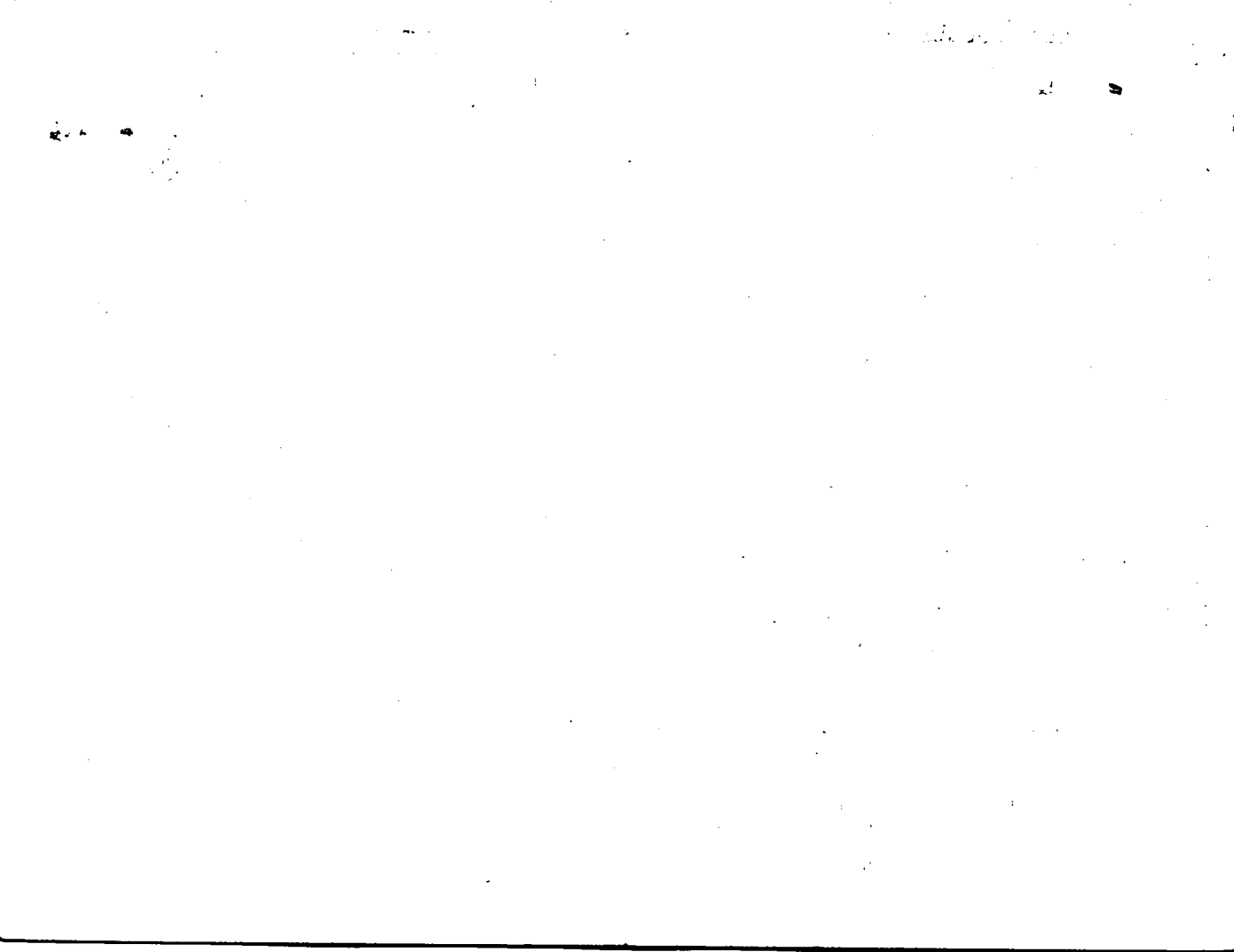
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **Stillborn** at **4 P** M. on the date above stated.(Signature) **W. C. Brothers**

(Physician or midwife)

Address **Pocatello, Idaho**Filed **Jan 4** 19**33** Registrar **Ray**

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

PLACE OF DEATH

County of BannockCity of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81188

State File No. _____

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 435(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Nealey(a) Residence. No. Pocatello, Idaho. St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Still - born

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho.
(State or country)

13. NAME Samuel P. Nealey

14. BIRTHPLACE (city or town) Fort Bidwell, California.
(State or country)

15. MAIDEN NAME Edith E. Miller

16. BIRTHPLACE (city or town) North English, Iowa.
(State or country)

17. INFORMANT Samuel P. Nealey
(Address) Sterling, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Sterling, Ida. Date Nov. 23, 1932

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Nov. 22, 1932. S. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22, 1932.22. I HEREBY CERTIFY, That I attended deceased from 11-22-1932 to 11-22-1932

I last saw h. Still born, 1932. death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Still born

Other contributory causes of importance: acute bronchitis 7 months 1 mo. ago

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. W. Proctor, M. D.

(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 208345

Pocatello General Hospital Registration District No. 28 State File No. 208345
(If born in hospital or institution give name.) Prim. Registration District No. 2161 Local Registrar's No. 1145
FULL NAME OF CHILD Wayne Junior Whitlow (Stillborn)
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>December 16</u> <u>1932</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? _____
Number of child of this mother, including present birth One (a) Born alive and now living None
Born alive but now dead _____ Stillborn One

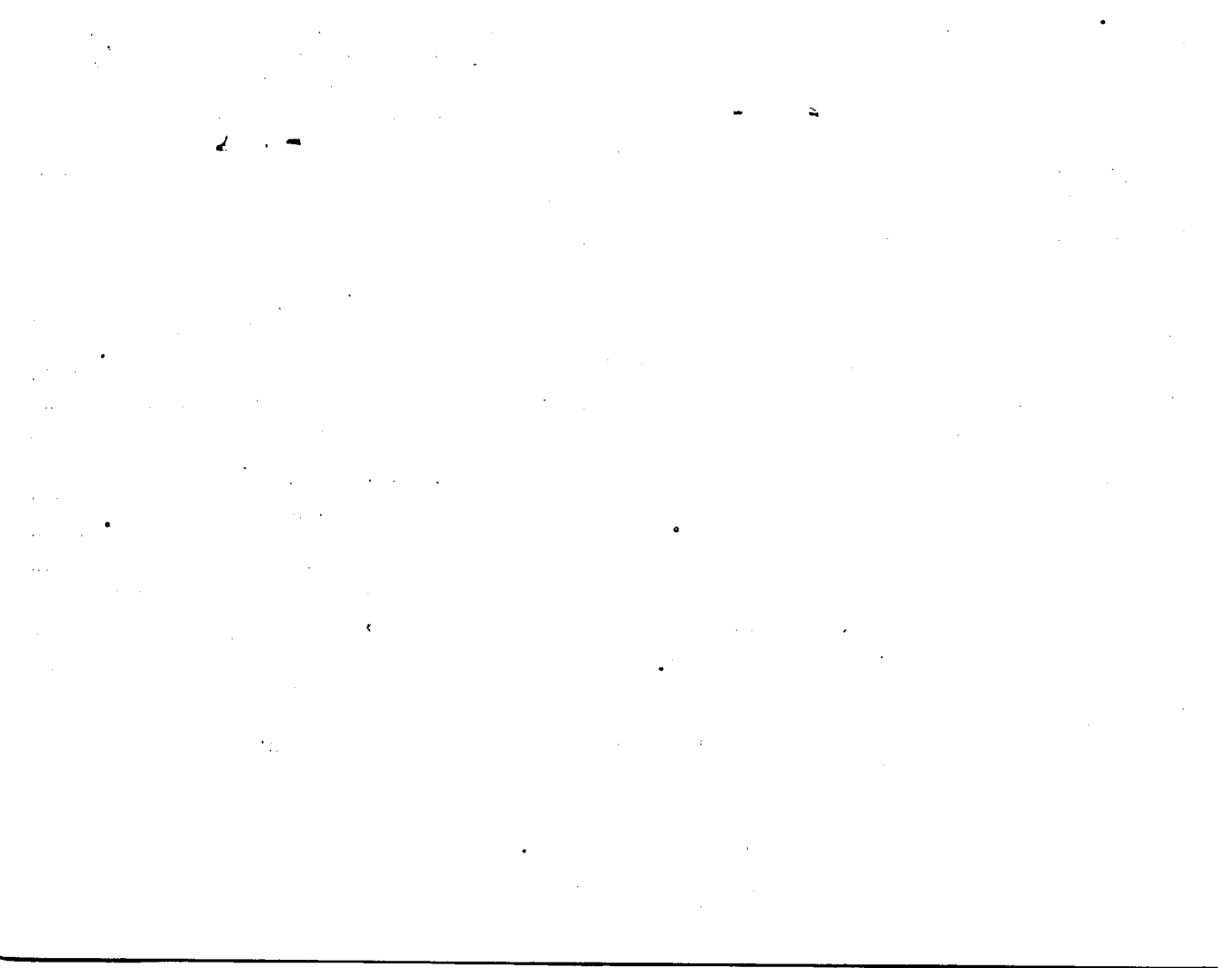
FATHER		MOTHER	
FULL NAME <u>Wayne Bevington Whitlow</u>	FULL MAIDEN NAME <u>Margaret Rebecca Coynwell</u>	FULL NAME <u>Margaret Rebecca Coynwell</u>	FULL MAIDEN NAME <u>Margaret Rebecca Coynwell</u>
Residence (Usual place of abode) <u>208 Wooley Apts.</u>	Residence (Usual place of abode) <u>208 Wooley Apts.</u>	Residence (Usual place of abode) <u>208 Wooley Apts.</u>	Residence (Usual place of abode) <u>208 Wooley Apts.</u>
If non-resident, give place and State _____	If non-resident, give place and State _____	If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>37</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>34</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>34</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>34</u> (Years)
Birthplace <u>Moran, Kansas</u> (City and State or County)	Birthplace <u>Topeka, Kansas</u> (City and State or County)	Birthplace <u>Topeka, Kansas</u> (City and State or County)	Birthplace <u>Topeka, Kansas</u> (City and State or County)
Occupation <u>Teacher in Pocatello Sr. High</u>	Occupation <u>Housekeeper</u>	Occupation <u>Housekeeper</u>	Occupation <u>Housekeeper</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 39 M.
on the date above stated.
(Signature) W. B. Brothers

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Pocatello, Idaho
Filed Jan 4 1933 J. C. Ray Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1932
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **81576**

County of Bannack

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 456

(No. Pocatello General Hos.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wayne Bevington Whitlow Jr.

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 16, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho
(State or country)

13. NAME Wayne B. Whitlow

14. BIRTHPLACE (city or town) Kansas
(State or country)

15. MAIDEN NAME Margaret Conwell

16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT Wayne B. Whitlow
(Address)

18. BURIAL, CREMATION, OR REMOVAL 208 Wooley Apts.
Place Mt. View Cem. Date Dec. 16, 1932

19. UNDERTAKER Ma Han Under. Co. Pocatello
(Address)

20. FILED Dec 16, 1932
D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 16 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1932, to 12-16, 1932

I last saw him alive on _____, 1932; death is said

to have occurred on the date stated above, at 5-9 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

shel from

Other contributory causes of importance:

Difficult labor
the delivery

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. W. Barker M.D.

(Address) Pocatello Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1928

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. St. Anthony St.
Mexco Hosp.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
Registration District No. 28 State File No. 208381
Prim. Registration District No. 2161 Local Registrar's No. 1123

2. FULL NAME OF CHILD Stillborn Roberts

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>12-2-1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Walter H. Roberts</u>		FATHER		18. Full maiden name <u>Gertrude Howell</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>R. 3 D #1</u>		5. Number, in order of birth		19. Residence (usual place of abode) (If non-resident, give place and State) <u>R. 3 D #1</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>19</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>Central City Colorado</u>		21. Age at last birthday <u>19</u> (years)		22. Birthplace (city or place) (State or country) <u>Brigham, Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H. W.</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Peoples Market</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>32</u>			25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>32</u>	
17. Total time (years) spent in this work <u>3 yr</u>		26. Total time (years) spent in this work <u>1 yr</u>			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn <u>4</u>					
28. If stillborn, period of gestation <u>9</u> months or weeks		29. Cause of stillbirth <u>Total Abortion</u>			
Before labor <u>✓</u> During labor <u>✓</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:15 A.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) W. H. Roberts M. D.

or Pocatello Midwife

Address Pocatello

Filed Jan 4, 1932

Registrar.

Registrar.

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N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

PLACE OF DEATH

County of BannockCity of PocatelloSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81578Registration District No. 27Primary Registration District No. 2764Local Registrar's No. 446(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Roberts(a) Residence. No. Pocatello, Idaho. St. (Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec. 2, 1932.7. AGE Years Months Days If LESS than 1 day, hrs. min.
0 0 Still-born8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho
(State or country)13. NAME Walt Roberts14. BIRTHPLACE (city or town) Colorado.
(State or country)15. MAIDEN NAME Gertrude Howell16. BIRTHPLACE (city or town) Utah.
(State or country)17. INFORMANT Walt Roberts
(Address) Pocatello, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Idaho. Date Dec. 2, 193219. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.20. FILED Dec. 2, 1932. J. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 2, 1932.22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1932, to 12-2, 1932

I last saw h..... alive on....., 193.....; death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows:

Still-born
Fetal atelectasis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. C. Ray M. D.(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and of each, in order of birth, stated.

Anthony St.

Mexy Hesp

(If born in hospital or institution give name.)

Registration District No. 28

State File No. S

Prim. Registration District No. 2161 Local Registrar's No. 1134

2. FULL NAME OF CHILD Stillborn Talbot

3. Sex Female	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? Yes	8. Date of birth 12-9-1932 (MONTH, DAY, YEAR)
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9. Full name Owen Cash Talbot FATHER		18. Full maiden name Rosale Ann Cole MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) 1153 So 4th		19. Residence (usual place of abode) (If non-resident, give place and State) 1153 So 4th	
11. Color or race W		20. Color or race W	
12. Age at last birthday 34 (years)		21. Age at last birthday 35 (years)	
13. Birthplace (city or place) (State or country) Feministown, Utah		22. Birthplace (city or place) (State or country) Payson, Ida.	

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. City		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
	16. Date (month and year) last engaged in this work Present 19		25. Date (month and year) last engaged in this work Present 19
17. Total time (years) spent in this work 3		26. Total time (years) spent in this work 14	

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 1

28. If stillborn, period of gestation 5 months or weeks { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:45 a.m. on the date above stated.

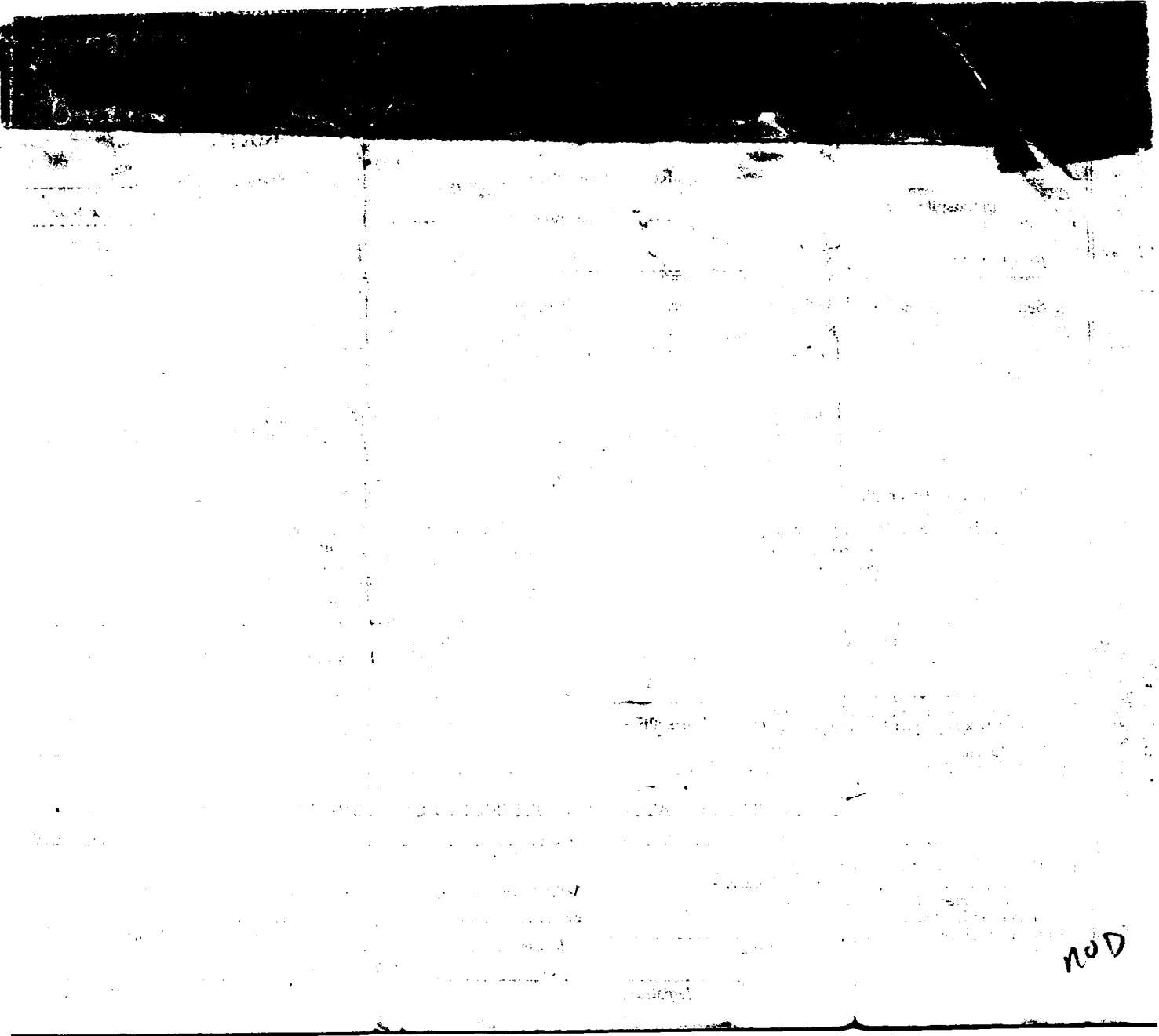
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (DATE OF)

(Signed) D C Ray, M. D.

or Address Payson, Idaho

Filed Jan 1, 1932 Registrar.



noD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

Bear Lake

City of

Fish Haven

No.

St.

RECEIVED JAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

208411

Registration District No.

State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No.

Local Registrar's No. 50

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
Child

Male

Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of
birth

Dec. 18

1932

(Month)

(Day)

(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 2

(a) Born alive and now living. 0

Born alive but now dead. 0

Stillborn 2

FULL
NAMEFATHER
Dennis Clarence ScofieldFULL
MAIDEN
NAMEMOTHER
Edna Fern Smith

Residence (Usual place of abode)

Fish Haven

Residence (Usual place of abode)

Fish Haven

If non-resident, give place and State

Idaho

If non-resident, give place and State

Idaho

Color or race

White

Age at last Birthday

28

Color or race

White

Age at last Birthday

20

Birthplace

Fish Haven

Idaho

Birthplace

Fish Haven

Idaho

Occupation

Laborer

Occupation

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Stillborn

at

4:30 P. M.

(Signature)

David E. Harris

(Physician or midwife)

Address

Montpelier Idaho

Filed

Dec 21 1932

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Filed from Charles Jan. 11 - 33
rec. from Base 1-10-33

Don

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 4 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

County of Beecher

City of Tensed

CERTIFICATE OF BIRTH 208417

No. _____ St. _____ Registration District No. 21 State File No. _____

Hospital _____ Primary Registration District No. _____ Local Registrar's No. 22

FULL NAME OF CHILD Unnamed Stillborn

(Certificate of no value without full name of child)

Sex of Child M Twin Triplet or other? — and { Number in order of birth — Legitimate? yes Date of birth Dec 1 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? no

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	RESIDENCE	FULL MAIDEN NAME	RESIDENCE
<u>Harry Hilburn</u>	<u>Beecher Co., O., D., A.</u>	<u>Myrtle Harris</u>	<u>Idaho</u>
COLOR <u>Indian</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>Indian</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Conrad Idaho</u>	OCCUPATION <u>Labourer</u>	BIRTHPLACE <u>Spokane Washington</u>	OCCUPATION <u>W. Wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

J. A. Nelson

(Physician or midwife)

Address

Payson

Filed

Dec. 2, 1932

Registrar.

Registrar.

2

1

2

1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 4 1933		STANDARD CERTIFICATE OF DEATH		DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	
1 PLACE OF DEATH		County <u>Beauregard</u> State <u>Idaho</u>		Registered No. <u>17</u>	
Township _____		or Village _____		<u>82017</u> or _____	
City <u>Plummer</u> No. _____		St. _____ Ward _____		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>Unmailed Stebbins</u>		206			
(a) Residence. No. _____		St. _____ Ward _____		(Usual place of abode)	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.		How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>M</u>	4 COLOR OR RACE <u>Indian</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	16 DATE OF DEATH (month, day, and year) <u>Dec 1</u> 19 <u>32</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 1</u> , 19 <u>32</u> , to <u>Dec 1</u> , 19 <u>32</u>		
6 DATE OF BIRTH (month, day, and year) <u>Dec 1-32</u>			that I last saw him alive on _____, 19____,		
7 AGE	Years _____	Months _____	Days _____	and that death occurred, on the date stated above, at _____ m.	
<u>Still born</u>			The CAUSE OF DEATH* was as follows: <u>Still born</u>		
8 OCCUPATION OF DECEASED			<u>Hydrocephalus</u>		
(a) Trade, profession, or particular kind of work _____			(duration) _____ yrs. _____ mos. _____ ds.		
(b) General nature of industry, business, or establishment in which employed (or employer) _____			CONTRIBUTORY (SECONDARY) _____		
(c) Name of employer _____			(duration) _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (city or town) (State or country) <u>C. D. A. Reserve Idaho</u>			18 Where was disease contracted if not at place of death? _____		
10 NAME OF FATHER <u>Harry Stebbins</u>			Did an operation precede death? _____ Date of _____		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>C. D. A. Reserve Idaho</u>			Was there an autopsy? _____		
12 MAIDEN NAME OF MOTHER <u>Myrtle Horns</u>			What test confirmed diagnosis? _____		
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Spokane Reserve</u>			Signed <u>J. A. Nelson</u> , M. D. <u>11-32</u> (Address) <u>Plummer</u>		
14 Informant <u>Harry Stebbins</u> (Address) <u>Plummer Id.</u>			* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)		
15 Filed <u>Dec. 2, 1932</u> <u>John Post</u> REGISTRAR			19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Louis Plummer</u>		
11-2184 GOVERNMENT PRINTING OFFICE			20 UNDERTAKER <u>Had none</u>		
			DATE OF BURIAL <u>Dec 3 1932</u>		
			ADDRESS _____		

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *House-maid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless

important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases without explanation, as the sole cause of death: Abortion, salivary glandular diseases, hemorrhages, gangrene, gastritis, erysipelas, meningitis, convulsions, hemorrhages, gonorrhea, peritonitis, dysentery, tetanus, typhoid fever, necrotic pharyngitis, pharyngitis, diphtheria, leucemia, leucæmia. But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date."

11—5154

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH **RECEIVED JAN 6 1933**

County of **Ft. Hall Reservation**

City of **Ft. Hall**

No. **Agency Hospitals**

(If born in hospital or institution give name.)

Registration District No. **121-R**

State File No. _____

Prim. Registration District No. **2194-R**

Local Registrar's No. **463**

2. FULL NAME OF CHILD **Baby Auck. (Stillborn)**

3. Sex Female	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? Yes	8. Date of birth Nov. 13, 1932 (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term Yes		

9. Full name **FATHER**
Ray Auck

10. Residence (usual place of abode) **Ft. Hall Res.**
(If non-resident, give place and State)

11. Color or race **Bannock Ind. 4/4**

12. Age at last birthday **43** (years)

13. Birthplace (city or place) **Ft. Hall Res.**
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Own farm**

16. Date (month and year) last engaged in this work **Continuous**, 19____

17. Total time (years) spent in this work **20**

27. Number of children of this mother **4**
(At time of this birth and including this child) (a) Born alive and now living **I** (b) Born alive but now dead **2** (c) Stillborn **I**

28. If stillborn, period of gestation { months or weeks } 29. Cause of stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born dead** at **10:45 A** m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____

(DATE OF)

Registrar.

(Signed) **E. J. Muttman** M. D.

or _____, Midwife

Address **Ft. Hall, Idaho**

Filed **Dec. 15, 1932** **McMurtre E. Patrice**

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 3 1934

PLACE OF DEATH

--DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81611

State File No.

County of Ft. Hall
ReservationCity of Ft. Hall Agency
Hospital.Registration District No. 121-RPrimary Registration District No. 8194-RLocal Registrar's No. 165(No. Agency Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Auck. (Stillborn)(a) Residence. No. Ft. Hall, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

(If nonresident give city or town and state)

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Bannock5. Single, Married, Widowed,
or Divorced (write the word)No5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of No.6. DATE OF BIRTH (month, day, and year) Nov. 13, 1932

7. AGE

Years

0

Months

0

Days

0If LESS than
1 day, hrs.
or min.08. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.X9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.X10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Ft. Hall Agency, Ida.

MOTHER

FATHER

13. NAME Ray Auck14. BIRTHPLACE (city or town)
(State or country)Ft. Hall Reservation15. MAIDEN NAME Mary Horn16. BIRTHPLACE (city or town)
(State or country)Ft. Hall Reservation17. INFORMANT
(Address)Mary Auck
Ft. Hall, Idaho.18. BURIAL, CREMATION, OR REMOVAL
PlaceROSS FORD Cem. Date Nov. 15, 193219. UNDERTAKER
(Address)Agency Carpenter,
Ft. Hall, Idaho20. FILED Dec. 15, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from

, 193, to, , 193

I last saw h. alive on Stillborn, 193; death is said

to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance
were as follows:

Date of onset

Hereditary Syphilis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. J. Middleton
Ft. Hall, Idaho.

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH FT. HALL, IDAHO JAN 6 1933

County of Ft. Hall Reservation.

City of _____

No. _____ St.

Agency Hospital.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

208470
S

Registration District No. 12I-R.

State File No. _____

Prim. Registration District No. 2194-R

Local Registrar's No. 465

2. FULL NAME OF CHILD Baby Johnson (Stillborn) (Not named)

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec. 13, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>FATHER John F. Johnson.</u>				18. Full maiden name <u>MOTHER Lucy Pocatello</u>		
10. Residence (usual place of abode) <u>Ft. Hall, Ida.</u> (If non-resident, give place and State) <u>Shos. Ind. 1/2</u>				19. Residence (usual place of abode) <u>Ft. Hall, Ida.</u> (If non-resident, give place and State) <u>Shos. Ind. 7/8</u>		
11. Color or race _____		12. Age at last birthday <u>63</u> (years)		20. Color or race _____		21. Age at last birthday <u>32</u> (years)
13. Birthplace (city or place) <u>Inkom, Idaho</u> (State or country)				22. Birthplace (city or place) <u>Ft. Hall, Idaho</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own farm</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work <u>Dec. 13, 1932</u>				25. Date (month and year) last engaged in this work <u>Dec. 8, 1932</u>		
17. Total time (years) spent in this work <u>30</u>				26. Total time (years) spent in this work <u>20</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>6</u> (c) Stillborn <u>1</u>						
28. If stillborn, period of gestation _____ months or weeks				29. Cause of stillbirth _____		
				Before labor _____ During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:55 A. on the date above stated.
(BORN DATE OF STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. J. Patten, M. D.

or _____, Midwife

Give name added from a supplemental report _____

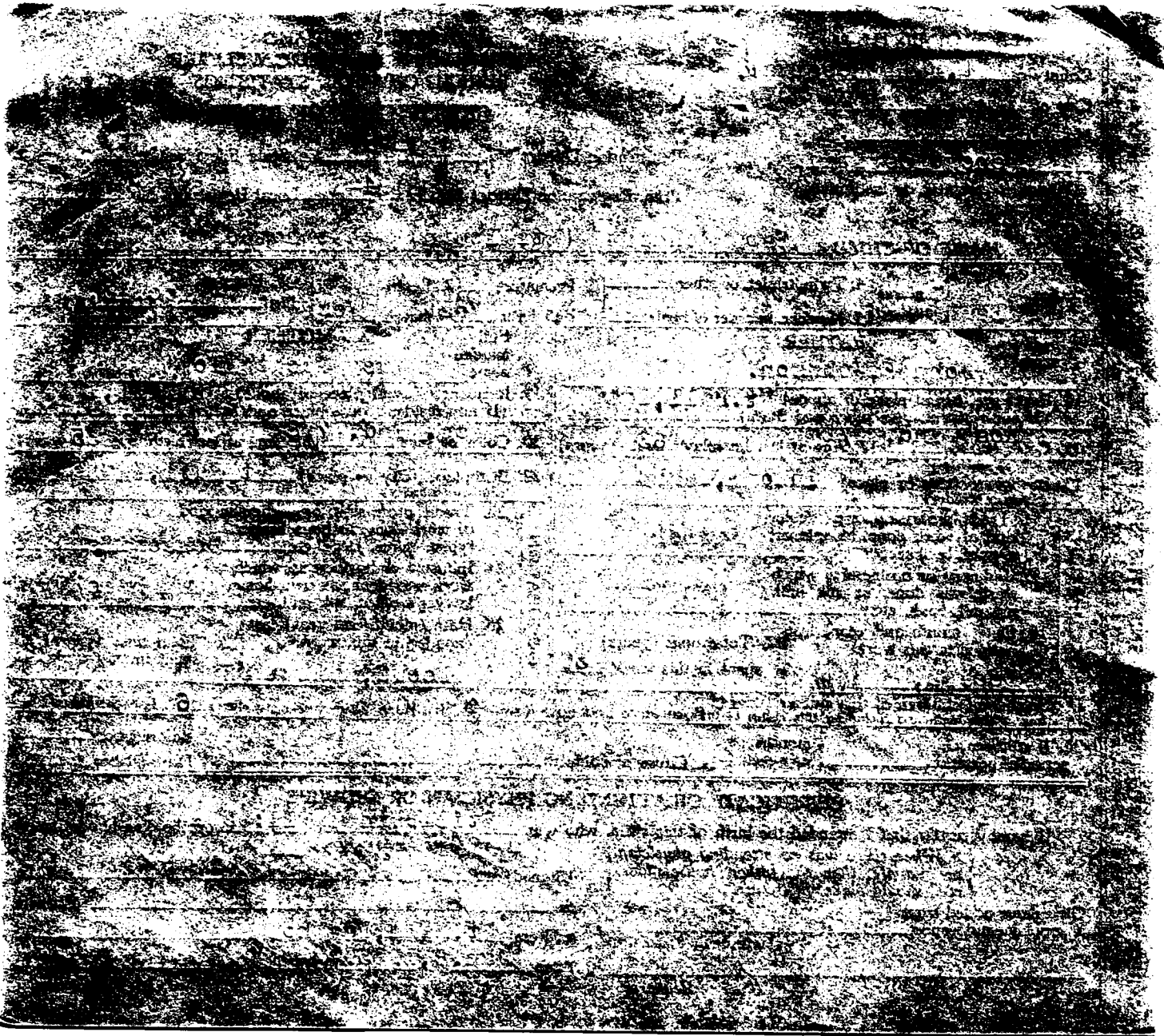
(DATE OF)

Address Ft. Hall, Idaho

Filed Jan. 2, 1933 Wm. E. Patten

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 6 1933

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

81612

State File No.

Local Registrar's No. 171

PLACE OF DEATH ---

 County of Ft. Hall
 City of Reservation.

CERTIFICATE OF DEATH

 Registration District No. 121-R
 Primary Registration District No. 2194-R
 (No. Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Johnson. (Not named) (Stillborn)(a) Residence. No. Ft. Hall, Idaho. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX Male 4 COLOR OR RACE Shos. Ind. 5 Single, Married, Widowed, or Divorced (write the word) Single

 5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of
6 DATE OF BIRTH (month, day and year) Dec. 13, 1932
 7 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
Stillbirth

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

 9 BIRTHPLACE (city or town) Ft. Hall, Idaho
 (State or country)
10 NAME OF FATHER John F. Johnson.
 11 BIRTHPLACE OF FATHER (city or town)
 (State or country) Inkom, Idaho.

 12 MAIDEN NAME OF MOTHER
Lucy Pocatello.

 13 BIRTHPLACE OF MOTHER (city or town)
 (State or country) Ft. Hall, Idaho.

 14 Informant Dr. E. J. Mittleman,
 (Address) Ft. Hall, Idaho.

 15 Filled Jan. 2, 1933 Wm. Walter E. Valdes
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 13, 1932

(Month)

(Day)

19_____
(Year)
 17 I HEREBY CERTIFY, That I attended deceased from
 ____ 19____, to ____ 19____,

that I last saw him alive on ____ 19____.

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Stillborn to mother.
Injury 10 days before birth
of infant. (duration) ____ yrs. ____ mos. ____ ds.

 CONTRIBUTORY
 (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

 18 Where was disease contracted
 If not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) E. J. Mittleman, M. D.____ 19____ (Address) Ft. Hall, Idaho.
 *State the DISEASE CAUSING DEATH, or in deaths from VIO-
 LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
 and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Presbyterian Mission,Dec. 14, 19

20. Undertaker

Agency Carpenter,
Ft. Hall, Idaho.

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

*Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN - 4 1933

STATE OF IDAHO

County of Bannock
City of Idaho Falls, Idaho

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

208526

No. _____ St. _____

Registration District No. 13 State File No. S

(If born in hospital or institution
give name.)

Prim. Registration District No. 247 Local Registrar's No. 492

FULL NAME OF CHILD Baby Roberts (Stillbirth)
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>girl</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Dec 15</u> 19 <u>32</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 8 (a) Born alive and now living 7

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME <u>David Roberts</u>	MOTHER FULL MAIDEN NAME <u>Mabel Anderson</u>
--	--

Residence (Usual place of abode) Shelley, Idaho R#1

If non-resident, give place and State _____

Color or race white Age at last Birthday 36 (Years)

Birthplace Annville Utah (City and State or County)

Occupation Farmer

If non-resident, give place and State _____

Color or race white Age at last Birthday 38 (Years)

Birthplace Shelley Idaho R#1 (City and State or County)

Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:50 P. M.
on the date above stated.

(Signature) Edwin Carter

(Physician or midwife)

Address Shelley Idaho

Filed Dec 20 1932 Edmunds

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

[illegible]

* 17 - There was no attending physician on duty when the patient was admitted. A physician should make his report. A patient's condition is one that has been treated and shows other evidence of life after birth.

(STU)MIR)

I hereby certify that I attended the birth of this child, who was born on

7/2/78 - 10/2/78

REPRODUCTION OF ANY PART OF THIS DOCUMENT IS PROHIBITED

ព្រះបាទសីហនុលូក

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(b)(7) - Confidential and Incomplete - 100-368344

It was not until 1964 that the first

Revised: 11/11/1994

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Number of copies of this report, including present distribution

What prophylactic was used to prevent *Opiliones* infestation?

Central Library to serve all also borrowed of

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91

FIELD NAME OF FIELD

(It stillborn, substitute the word "stillborn" for the word "stillborn")

..... District No. State File No.

ATTENTION TO THE ATTENTION

10-10-50

RECEIVED AT NEW YORK OFFICE OF THE ATTORNEY GENERAL
JAN 10 1964

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM RECEIVED FEB 4 1933 CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of *Bannville* Registration District No. *73*
City of *Idaho Falls, Idaho* Primary Registration District No. *2150*
(No. *2150* St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME *Genevieve Roberts*

State File No. *82075*
Local Registrar's No. *82075*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Baby*
(Write the word)

6. DATE OF BIRTH *dec 15 1932*
(Month) (Day) (Year)

7. AGE *Still born* IF LESS than 1 day how many
Yrs. Mos. ds. hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) *Idaho Falls, Idaho*

10. NAME OF FATHER *David Roberts*

11. BIRTHPLACE OF FATHER *Anna Belle Tetah*
(State or Country)

12. MAIDEN NAME OF MOTHER *Mabel Anderson*

13. BIRTHPLACE OF MOTHER *Shelley R. #, Idaho*
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *David Roberts*
(Address) *Shelley R. #*

15. *Jan 7 1933*
Filed *Jan 7 1933* Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *12 15 1932*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *12-15-1932* to *12-15-1932*
that I last saw him *alive on* *12-15-1932*
and that death occurred on the date stated above, at *M.*

The CAUSE OF DEATH* was as follows:

The maternal separation of Placenta

(Duration) yrs. mos. ds.
Contributory *Partial Placenta previa*
(Secondary)

(Signed) *Edgar C. Carter* M. D.
12-15-1932 (Address) *Box 86 Shelley*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted
if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL *Shelley, Idaho* DATE OF BURIAL *Dec 17, 1932*

20. UNDERTAKER *none* ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "**Laborer.**" "**Foreman.**" "**Manager,**" "**Dealer, etc.,** without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "**Epidemic cerebrospinal meningitis**"); **Diphtheria** (avoid use of "**Croup**"); **Typhoid fever** (never report "**Typhoid Pneumonia**") **Lobar pneumonia; Bronchopneumonia** ("**Pneumonia,**" unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "**Cancer**" is less definite; avoid use of "**Tumor**" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "**Asthenia,**" "**Anaemia**" (merely symptomatic), "**Atrophy,**" "**Collapse,**" "**Coma,**" "**Convulsions,**" "**Debility,**" ("**Congential,**" "**Senile,**" etc.), "**Dropsy,**" "**Exhaustion,**" "**Heart Failure,**" "**Hemorrhage,**" "**Inanition,**" "**Marasmus,**" "**Old age,**" "**Shock,**" "**Uraemia,**" "**Weakness,**" etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "**Contributory.**"

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

No. <u>105</u> St. <u>EE61</u>		Registration District No. <u>73</u>		State File No. <u>S</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2100</u>		Local Registrar's No. <u>419</u>	
2. FULL NAME OF CHILD <u>Baby Wender (Stillborn)</u> <u>208578</u>					
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>May 194</u> 193 <u>2</u> (MONTH, DAY, YEAR)					
9. Full name FATHER <u>William Orlan Wender</u>			18. Full maiden name MOTHER <u>L. Rue Pullner</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Camden, Del.</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Camden, Del.</u>		
11. Color or race <u>white</u>			20. Color or race <u>white</u>		
12. Age at last birthday <u>21</u> (years)			21. Age at last birthday <u>18</u> (years)		
13. Birthplace (city or place) (State or country) <u>Camden, Del.</u>			22. Birthplace (city or place) (State or country) <u>Salina, Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Parson</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		19		26. Total time (years) spent in this work	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u>		(b) Born alive but now dead <u>0</u>		(c) Stillborn <u>40</u>	
28. If stillborn, period of gestation { months or weeks		29. Cause of stillbirth		{ Before labor, <u>yes</u> During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

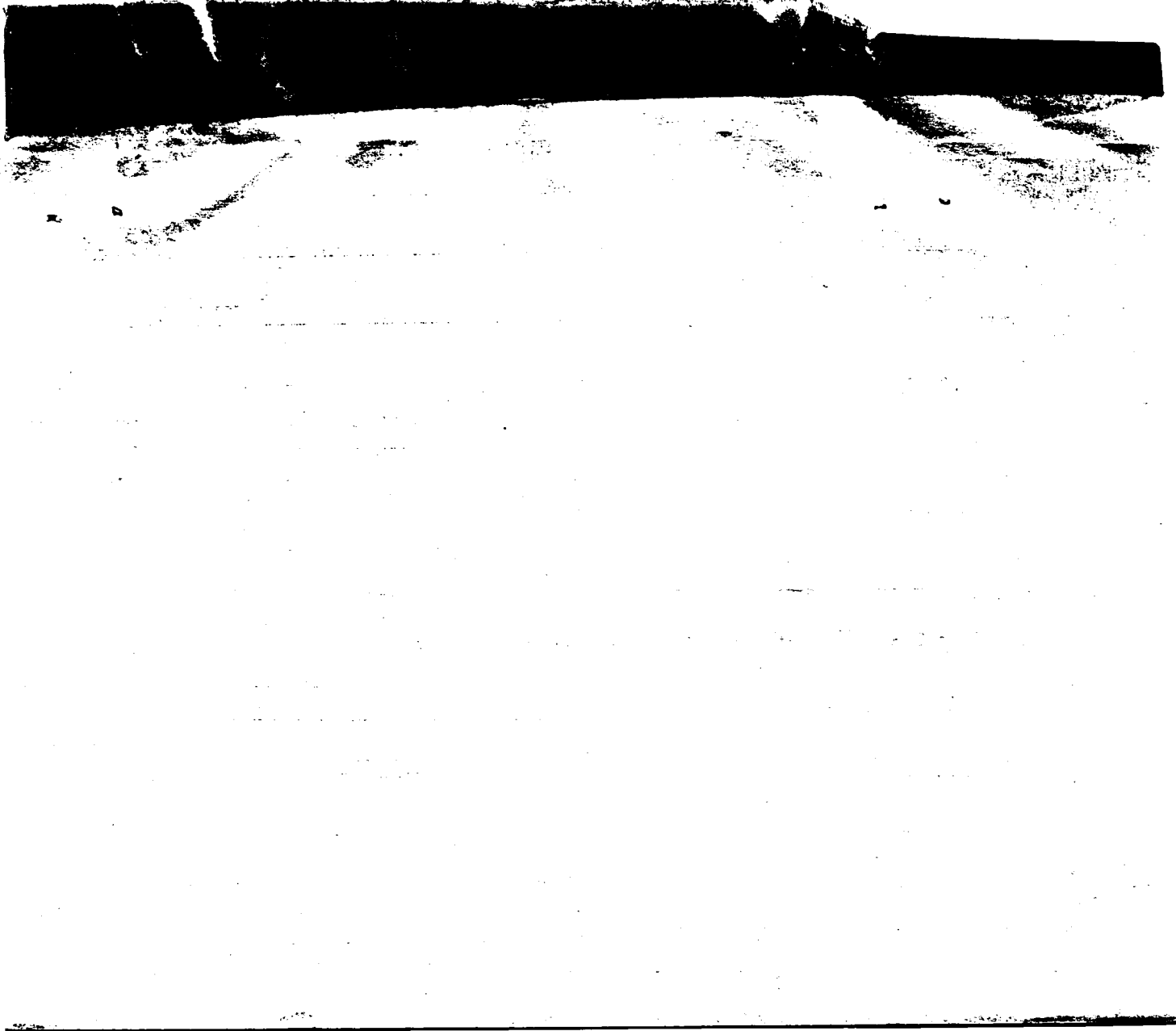
I hereby certify that I attended the birth of this child, who was Stillborn at 11:00 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

(Signed) W. Ray Hatch, M. D.
or _____, Midwife

Give name added from a supplemental report _____
(DATE OF)

Address Salina, Idaho
Filed Dec 23, 1932 C. J. Finney
Registrar. Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls, IdahoRegistration District No. 73
Primary Registration District No. 214-0
(No. _____) (St.) _____State File No. 78567
Local Registrar's No. 7

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Barbara Winder

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

March 19 1932
(Month) (Day) (Year)

7. AGE

StillbornIF LESS than 1
day how many
0 hrs. or
Yrs. Mos. ds. min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Bonneville, Idaho

10. NAME OF

Father William C. Winder

11. BIRTHPLACE

OF FATHER
(State or Country) Idaho

12. MAIDEN NAME

OF MOTHER La Rue Sullivan

13. BIRTHPLACE

OF MOTHER
(State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John C. Winder(Address) Idaho Falls, R. 2 D 3

15.

Filed Mar 19 19 32 Coy Funnell

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar 19 1932
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Mar 19, 1932 to Mar 19, 1932
that I last saw her alive on Stillborn 19____, and that death occurred on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:Baby had been dead several days before birth

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory
(Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed)

W. Ray Patch M. D.

19

(Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death ____ yrs. ____ mos. ____ days. State ____ yrs. ____ mos. ____ ds.
Where was disease contracted
if not at place of death?
Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Idaho Falls Idaho

DATE OF BURIAL

Mar 20 19 32

20. UNDERTAKER

None

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Salesman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia**; **Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature ☒ 7. Legitimate? yes 8. Date of birth 12-2- 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Thomas E. Walters

10. Residence (usual place of abode) (If non-resident, give place and State) Burley

11. Color or race W 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or country) Mont

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 7 { months _____ or weeks _____ 29. Cause of stillbirth unknown { Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:45 a m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) G. H. Espe M. D.

or _____ Midwife

Address _____

Filed Jan 10 1933 W. H. Butler

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

RECEIVED JAN 12 1933 CERTIFICATE OF BIRTH 208695

Registration District No. 117 State File No. _____

Prim. Registration District No. 2190 Local Registrar's No. 2234

Stillborn

OCCUPATION

OCCUPATION

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 12 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81721

State File No.

PLACE OF DEATH

County of CassiaCity of BurleyRegistration District No. 47Primary Registration District No. 2196Local Registrar's No. 369

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Walters

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec. 2 - 1932

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

Still Born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Burley Ida.

10. NAME OF FATHER

Thomas E Walters11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Mont.

12. MAIDEN NAME OF MOTHER

Elena Lepple13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Mont.14. Informant
(Address)T. E. Walters
Burley Idaho.

15. Filed

Dec 9, 1932H. H. Gutter
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec. 2, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

12/2, 1932, to 12-2, 1932

that I last saw him alive on, 19.....

and that death occurred, on the date stated above, at, m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Stillborn
Dead approximately 2 weeks

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. E. Spe, M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Ida.12-2, 1932

20. Undertaker

Address

W. E. JohnsonBurley.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Elmore
City of Glenmora
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
208716

Registration District No. 35 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2021 Local Registrar's No. _____

2. FULL NAME OF CHILD

Baby Grigsby (Steelborn)

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth Dec 8, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER 18. Full maiden name MOTHER

10. Residence (usual place of abode) 3 T. Grigsby 19. Residence (usual place of abode) Jennie Mae Warner
(If non-resident, give place and State) Elmore, Idaho (If non-resident, give place and State) Elmore, Idaho

11. Color of hair White 12. Age at last birthday 37 (years) 20. Color of hair White 21. Age at last birthday _____ (years)

13. Birthplace (city or place) Kentucky 22. Birthplace (city or place) Idaho
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 4 Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Steelborn at 8:30 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. J. W. Davis, M. D.

or _____, Midwife

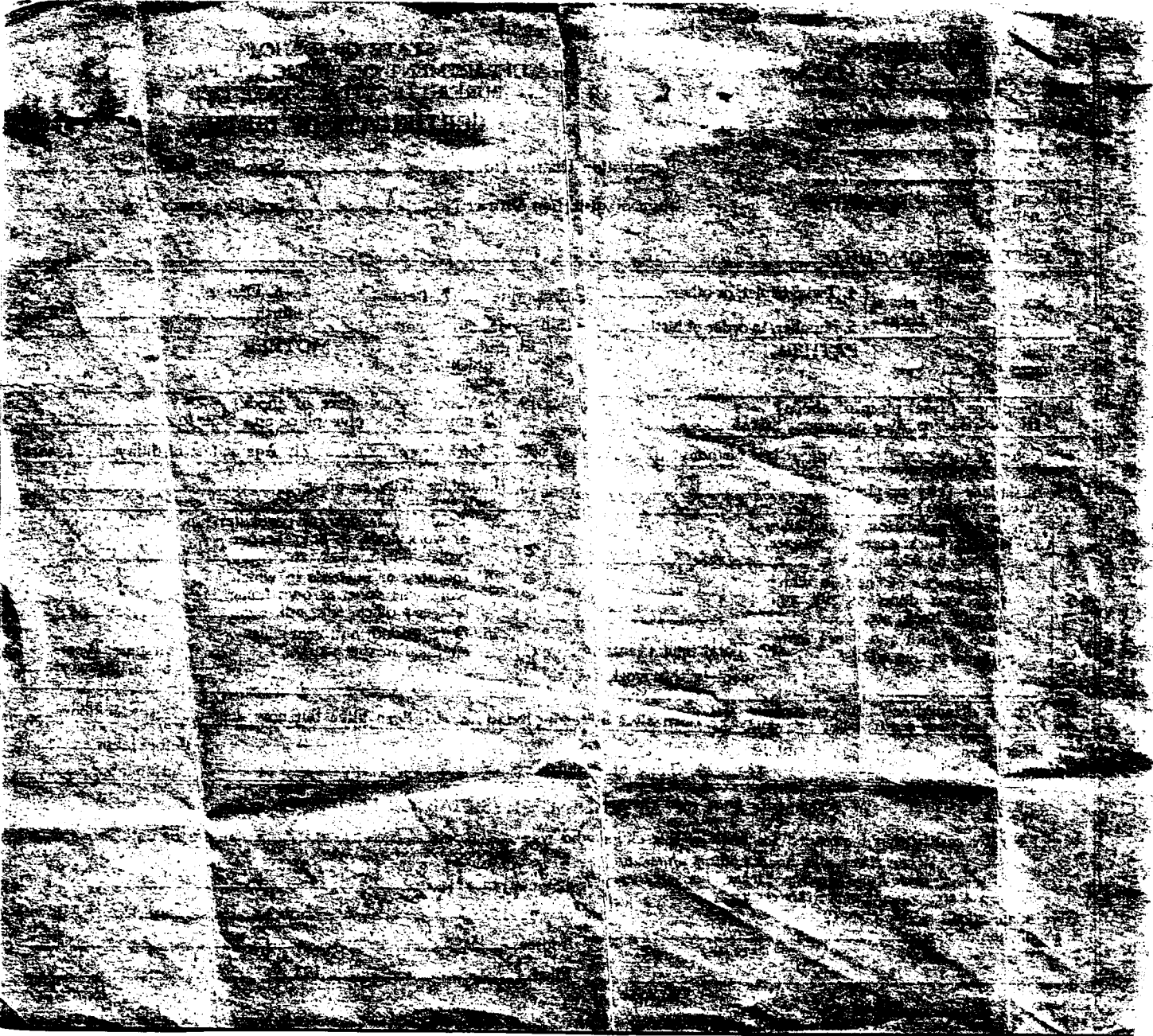
Give name added from a supplemental report _____

Address Glenmora, Idaho

Filed Dec 3, 1932 M. Sullivan

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 14 1934

PLACE OF DEATH

County of Elmore
City of Glenn Terry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 35
Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

81734

State File No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 8-1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glenn Terry Idaho
(State or country)

13. NAME Mr. Z. T. Briggsby

14. BIRTHPLACE (city or town) Henrieville
(State or country)

15. MAIDEN NAME Jennie M. Warner

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Mr. Z. T. Briggsby
(Address)

18. BURIAL, CREMATION, OR REMOVAL Glenn Terry Date Dec 8, 1932

19. UNDERTAKER Mr. Z. T. Briggsby
(Address)

20. FILED Dec 9, 1932 Z. M. Sheehan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., 193....., to....., 193.....

I last saw h..... alive on....., 193.....: death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. W. Davis, M.D.

(Address) Glenn Terry Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

364 115 020 744

1. PLACE OF BIRTH

County of Glenn

City of Glenn Ferry

No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 35

State File No. _____

2. FULL NAME OF CHILD

3. Sex

Male

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legitimate

mate

8. Date of birth

Dec 15, 1932
(MONTH, DAY, YEAR)

9. Full name

FATHER

10. Residence (usual place of abode)
(If non-resident give place and State)

11. Color of hair

12. Age at last birthday 34 (years)

13. Birthplace (city or place)
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

18. Full maiden name

MOTHER

19. Residence (usual place of abode)
(If non-resident give place and State)

20. Color of hair

21. Age at last birthday 27 (years)

22. Birthplace (city or place)
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 7 30 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. J. W. Davis, M. D.

or _____, Midwife

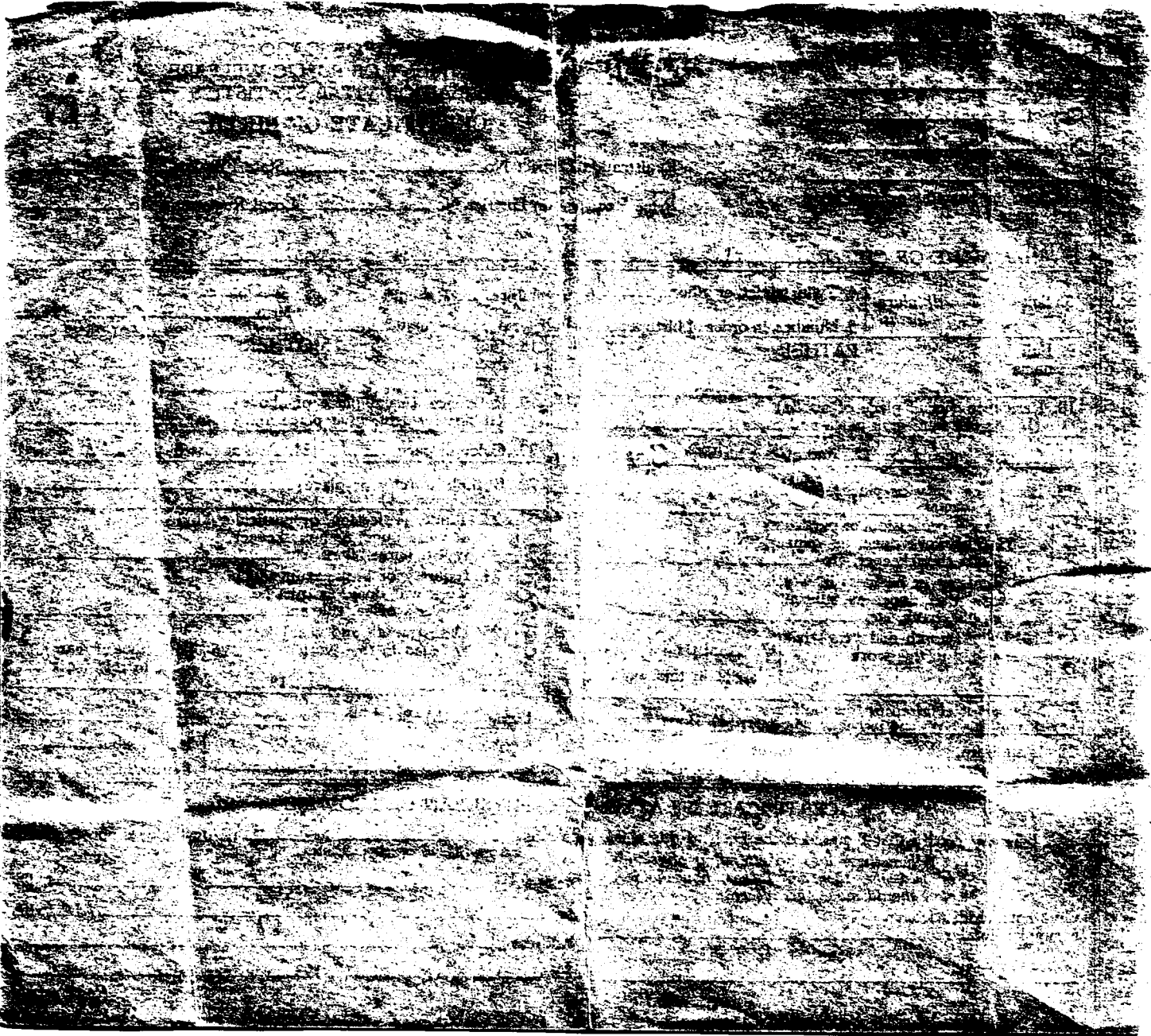
Give name added from a supplemental report

Address Glenn Ferry

Filed Aug 15, 1932 M. Sullivan

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1937

PLACE OF DEATH

County of ElmoreCity of Glenris Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 35Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

State File No. 80368Local Registrar's No. 206(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME James Hugh Gump Coulson (stillborn)

(a) Residence. No. _____ St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) 8/15/32

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME Hugh Coulson14. BIRTHPLACE (city or town) Lillanook Co Oregon (State or country) _____15. MAIDEN NAME Anna Laura Gump16. BIRTHPLACE (city or town) Idaho (State or country) _____17. INFORMANT Hugh Coulson (Address) Glenris Ferry18. BURIAL INFORMATION, OR REMOVAL PLACE Glenris Ferry Date Aug 15, 193219. UNDERTAKER Mrs. J. L. Gump (Address) _____20. FILED Aug 17, 1932 M. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) _____ 193

22. I HEREBY CERTIFY, That I attended deceased from _____

_____, 193____, to _____, 193____

I last saw h. _____ alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Stillborn

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. W. Davis(Address) Glenris Ferry Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Frederick
City of St. Anthony
No. 21

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 99 State File No. 208761
Prim. Registration District No. 2177 Local Registrar's No. 145

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn

3. Sex Female 4. Twin, triplet, or other — 5. Number, in order of birth 4 6. Premature yes 7. Legitimate? yes 8. Date of birth Dec. 9, 1932
(MONTH, DAY, YEAR)

9. Full name FATHER Wm. Arthur Edgington 18. Full maiden name MOTHER Blanche Young
10. Residence (usual place of abode) Thorn Grove 19. Residence (usual place of abode) Twinsburg
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 32 (years) 20. Color or race W. 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Wilford 22. Birthplace (city or place) Wilford
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. — 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

16. Date (month and year) last engaged in this work — 17. Total time (years) spent in this work — 25. Date (month and year) last engaged in this work — 26. Total time (years) spent in this work —

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn 3

28. If stillborn, period of gestation 6 months or weeks 29. Cause of stillbirth Hydramnion Before labor yes During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 12:30 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) P. M. Kelly, M. D.

or — Midwife

Give name added from a supplemental report — (DATE OF) —

Address St. Anthony Idaho

Filed Jan 5, 1933 Sarah Munk Registrar.

Registrar.

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
BUREAU OF PUBLIC HEALTH
NATIONAL CENTER FOR HUMAN GENEtics

1. The purpose of this study is to determine the effect of the environment on the development of the human genome. The study will be conducted in a controlled environment where the genetic background of the subjects is known. The subjects will be exposed to different environmental conditions and the resulting changes in the expression of the genes will be measured. The results of the study will be used to develop strategies for the prevention and treatment of genetic diseases.

2. The subjects of the study will be selected from a population of known genetic background. The subjects will be divided into two groups: a control group and an experimental group. The control group will be exposed to a standard environment, while the experimental group will be exposed to a controlled environment. The subjects will be monitored for changes in the expression of the genes over a period of time. The results of the study will be compared between the two groups to determine the effect of the environment on the development of the human genome.

3. The results of the study will be used to develop strategies for the prevention and treatment of genetic diseases. The study will also provide information on the role of the environment in the development of the human genome. The results of the study will be published in a scientific journal and will be made available to the public. The study will be conducted in accordance with the ethical principles of the National Commission on the Protection of Human Subjects of Research.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Jerome</u>		JAN 9 1933		CERTIFICATE OF BIRTH 208764	
City of <u>St Anthony</u>		Registration District No. <u>99</u>		State File No. _____	
No. _____ St. _____		Prim. Registration District No. <u>2177</u>		Local Registrar's No. <u>140</u>	
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>boy baby David Stillborn</u>					
3. Sex <u>male</u>		4. Twin, triplet, or other <u>single</u>		5. Premature <u>yes</u>	
6. Legiti- mate? <u>yes</u>		7. Date of birth <u>Dec 5</u> , 193 <u>2</u>		(MONTH, DAY, YEAR)	
8. Full name FATHER <u>Martin David Davis</u>			9. Full name MOTHER <u>Cona Cuna Cheney</u>		
10. Residence (usual place of abode) <u>St Anthony</u>			11. Residence (usual place of abode) <u>St Anthony</u>		
12. Color or race <u>white</u>			13. Age at last birthday <u>50</u> (years)		
14. Birthplace (city or place) <u>Barneviller Utah</u>			15. Birthplace (city or place) <u>Victor Ida</u>		
16. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mail carrier</u>			17. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house wife</u>		
18. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
20. Date (month and year) last engaged in this work _____			21. Date (month and year) last engaged in this work _____		
22. Total time (years) spent in this work _____			23. Total time (years) spent in this work _____		
24. Number of children of this mother (At time of this birth and including this child) <u>5</u>					
25. Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
26. If stillborn, period of gestation _____ months or weeks					
27. Cause of stillbirth _____ Before labor _____ During labor _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 5:30 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

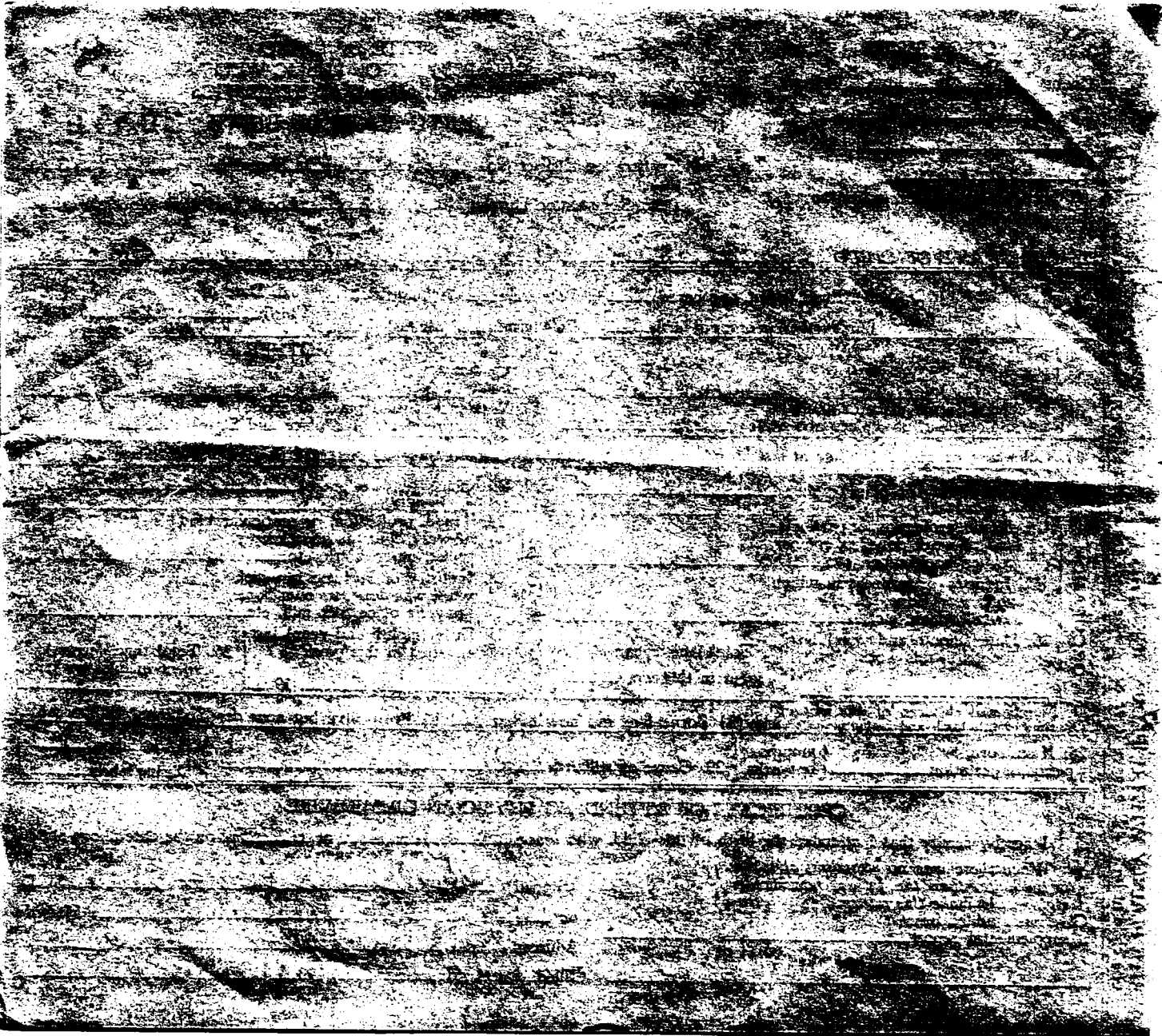
(Signed) T. A. Ellison, M. D.

or _____, Midwife

Address St. Anthony Ida

Filed Jan 5, 1933 Shah Munk

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1932		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		81362	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No.	
County of <u>Fremont</u>		Registration District No. <u>77</u>		Local Registrar's No. <u>42</u>	
City of <u>St. Anthony</u>		Primary Registration District No. <u>2177</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Davis</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) _____	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 5th 1932</u>					
7. AGE Years _____		Months _____		Days _____	
				If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stillborn</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>St. Anthony</u> (State or country) <u>Ida.</u>					
13. NAME <u>Martin D. Davis</u>					
14. BIRTHPLACE (city or town) <u>Harrisville</u> (State or country) <u>Ida.</u>					
15. MAIDEN NAME <u>Lora G. Henry</u>					
16. BIRTHPLACE (city or town) <u>Hector</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Martin D. Davis</u> (Address) <u>St. Anthony Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Parson's</u> Date <u>Dec. 6th 1932</u>					
19. UNDERTAKER <u>W. O. Kellie</u> (Address) <u>Idaho</u>					
20. FILED <u>Dec 5</u> , 1932 <u>Sarah Munk</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 5</u> , 1932					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 5</u> , 1932, to <u>Dec 5</u> , 1932.					
I last saw him alive on <u>not at all</u> , 1932; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: _____					
Date of onset _____					
Birth injuries - <u>Spontaneous delivery</u>					
<u>Bleech - 2nd of twins</u>					
<u>Still born</u>					
Other contributory causes of importance: _____					
Name of operation _____ of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>J. A. Ellison</u> M. D.					
(Address) <u>St. Anthony Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation *prior to* retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Causes of importance were as follows:	
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lewis
City of Kamiah
No. _____ St. _____

(If born in hospital or institution give name.)

RECEIVED JAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 208911

Registration District No. 49 State File No. _____

Prim. Registration District No. 2127 Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Johnson

3. Sex F 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? — 8. Date of birth Nov. 17-32, 193
(MONTH, DAY, YEAR)

9. Full name FATHER Oswold Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) Kamiah

11. Color or race Ind 12. Age at last birthday 24 (years)

13. Birthplace (city or place) Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Rose Parson

19. Residence (usual place of abode) (If non-resident, give place and state) Kamiah

20. Color or race Indian 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Idaho
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 8 mo { months or weeks } 29. Cause of stillbirth Luetic { Before labor _____ During labor yes }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 6 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____

(DATE OF)

(Signed) [Signature], M. D.

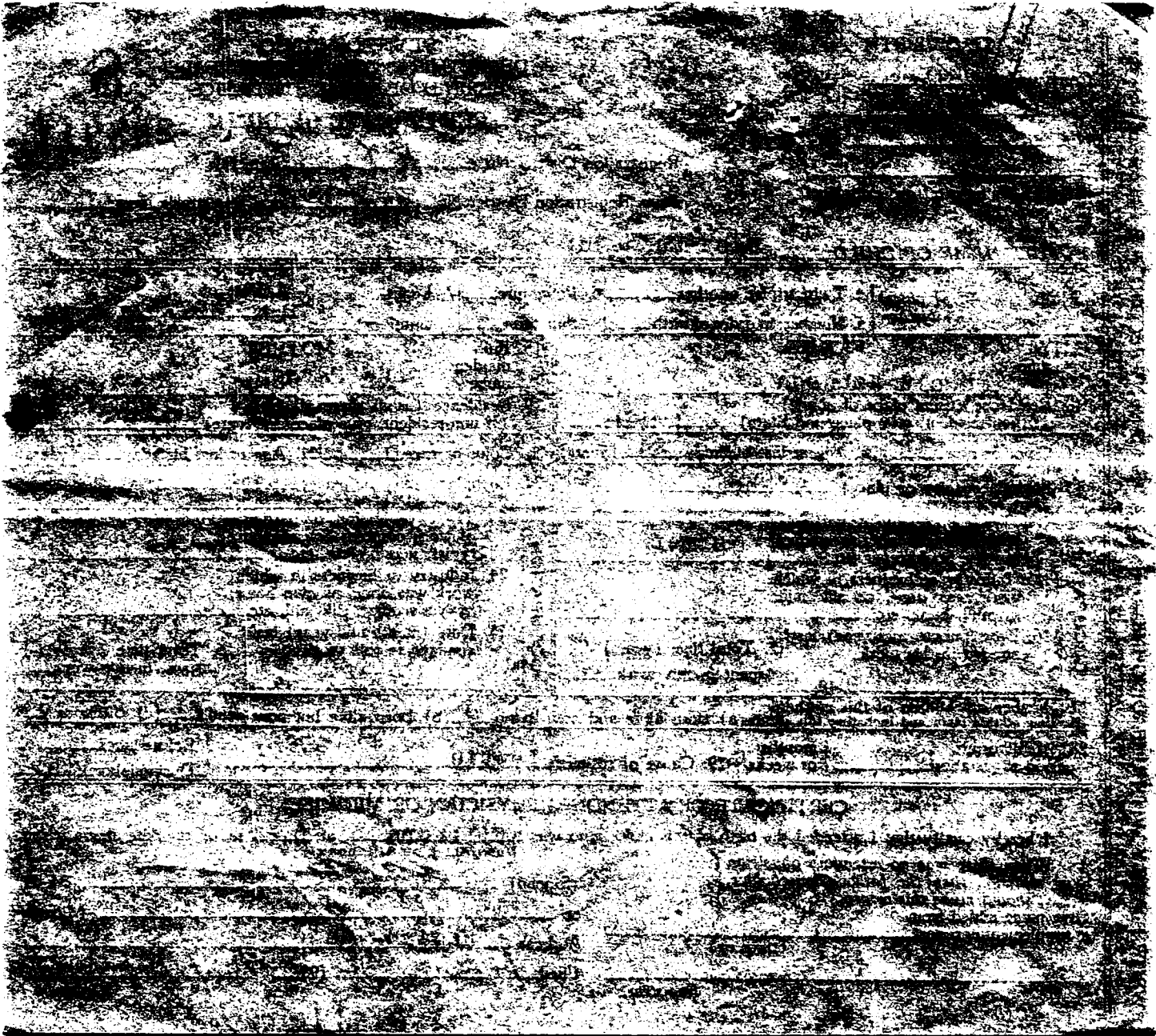
or _____, Midwife

Address Kamiah-Idaho

Filed 1-2, 1933 Nell Robertson

Registrar.

Registrar.



FORM V. S. No. 5-A—25 M' 1-19.

RECEIVED JAN 1 1933

CERTIFICATE OF DEATH

 State of Idaho
 BOARD OF HEALTH
 Bureau of Vital Statistics

1. PLACE OF DEATH

County of LewisCity of Kamiah

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49Primary Registration District No. 2127

(No. _____ St.)

File No. 81830

Registered No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Baby Johnson

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX I 4. COLOR OR RACE Ind 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child
 (Write the word.)

 6. DATE OF BIRTH Nov 17 32
 (Month) (Day) (Year)

 7. AGE died at Birth IF LESS than 1 day how many _____ hrs. or _____ min. ?
 Yrs. Mos. ds.

8. OCCUPATION

 (a) Trade, profession or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)

 9. BIRTHPLACE Kamiah Ida
 (State or Country)

 10. NAME OF FATHER Oswald Johnson

 11. BIRTHPLACE OF FATHER Kamiah Ida
 (State or Country)

 12. MAIDEN NAME OF MOTHER Rose Parsons

 13. BIRTHPLACE OF MOTHER Kamiah Ida
 (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Rosa Johnson
 (Address) Kamiah Ida

 15. 11/17 32 Neil Robertson
 Filed _____ 19 _____ Local Registrar
1-2-33

SYMS-YORK CO. PRINTERS & BINDERS, CHICAGO 51087

MEDICAL CERTIFICATE OF DEATH 206
 16. DATE OF DEATH Nov 17 32
 (Month) (Day) (Year)

 17. I HEREBY CERTIFY, That I attended deceased from Stillborn to 19 that I last saw h. _____ alive on _____ 19 _____ and that death occurred on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows:

~~Stillborn~~
 (Duration) _____ Yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) [Signature] M. D.
11/17 32 (Address) Kamiah-Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? _____

Former or usual residence _____

 19. PLACE OF BURIAL OR REMOVAL Kamiah Ida DATE OF BURIAL 11-17-1932

 20. UNDERTAKER Kamiah Funeral Home ADDRESS Kamiah Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

449 109 034 463
1. PLACE OF BIRTH
County of Manitoba
City of Rupert RECEIVED JAN 6 1933
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 208951
CERTIFICATE OF BIRTH S

(If born in hospital or institution give name.)

Registration District No. 19 State File No. _____
Prim. Registration District No. 2013 Local Registrar's No. 202

2. FULL NAME OF CHILD Edwin Clinton Martindale Jr.

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct 9</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Edwin Clinton Martindale</u>		5. Number, in order of birth	Full term		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		18. Full maiden name MOTHER <u>Velma Duckstad</u>			
11. Color or race <u>W.</u>		12. Age at last birthday <u>22</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Rupert</u>	
13. Birthplace (city or place) (State or country) <u>Idaho</u>		20. Color or race <u>W.</u>		21. Age at last birthday <u>17</u> (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u>		22. Birthplace (city or place) (State or country) <u>Idaho</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
	16. Date (month and year) last engaged in this work <u>Sept.</u> 193 <u>2</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
17. Total time (years) spent in this work <u>5</u>		25. Date (month and year) last engaged in this work <u>Oct.</u> 193 <u>2</u>		26. Total time (years) spent in this work <u>8</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>9 mos.</u> { months or weeks		29. Cause of stillbirth _____ { Before labor _____ During labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12³⁰ p.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) L. M. Kelly, M. D.

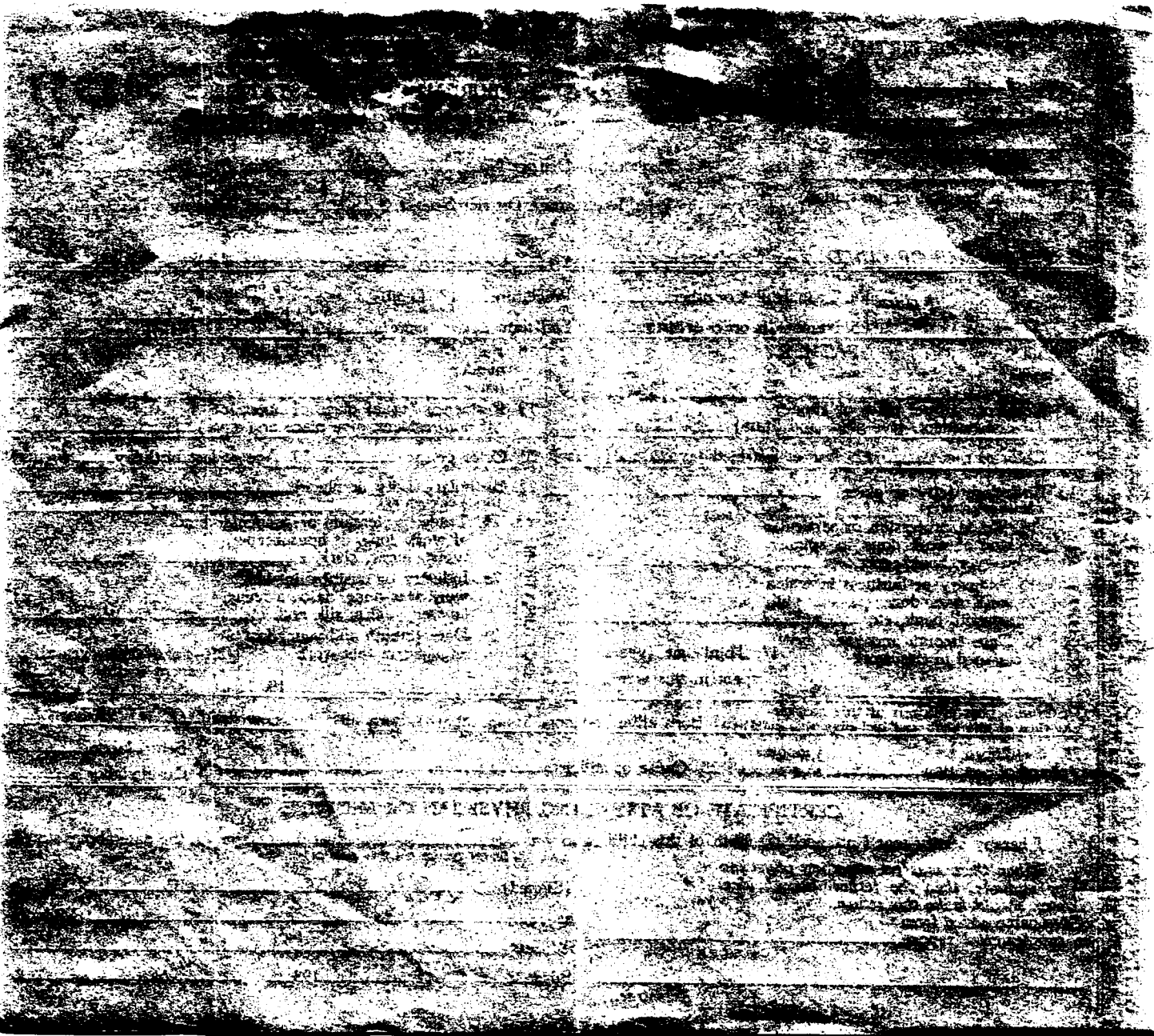
or _____, Midwife

Address Rupert Idaho

Filed 12-71, 1932 E. E. Johnson

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

S

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 208985

1. PLACE OF BIRTH
County of Payette
City of New Plymouth
No. _____

Registration District No. 4 State File No. _____

(If born in hospital or institution give name.)
Prim. Registration District No. 1008 Local Registrar's No. 113

2. FULL NAME OF CHILD Stillborn

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>✓</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Nov 27</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER <u>Glen Peterson</u>		18. Full maiden name MOTHER <u>Gwenneva Lingli</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>New Plymouth</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>New Plymouth</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>30</u> (years)		21. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) (State or country) <u>Nebraska</u>		22. Birthplace (city or place) (State or country) <u>Nebraska</u>	

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>Nov</u> , 19 <u>32</u>		25. Date (month and year) last engaged in this work <u>Nov</u> , 19 <u>32</u>
17. Total time (years) spent in this work <u>10</u>		26. Total time (years) spent in this work _____	

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 6 months 4 weeks _____

29. Cause of stillbirth Premature rupture of membranes

Before labor ✓
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:30 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Roderic Bellnap, M. D.

or _____, Midwife

Address Centano Ave

Filed Nov 30, 1932 1932 J. C. Woodward

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.

CRACK

[illegible]

[The page contains extremely faint, illegible horizontal lines of text, likely bleed-through from the reverse side.]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of SHOSHONE

City of KELLOGG

No. _____ St.

ROSS MATERNITY HOME

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

209002

Registration District No. 123 State File No. _____

Prim. Registration District No. 2201 Local Registrar's No. 158

2. FULL NAME OF CHILD BABY WEST

3. Sex MALE If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? YES 8. Date of birth Dec. 20, 1932
(MONTH, DAY, YEAR)

9. Full name FRANK WEST FATHER 18. Full maiden name JESSIE SCRINER MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) ROSE LAKE, IDA 19. Residence (usual place of abode) (If non-resident, give place and state) ROSE LAKE, IDA

11. Color or race Am. 12. Age at last birthday 26 (years) 20. Color or race Am. 21. Age at last birthday 21 (years)

13. Birthplace (city or place) Idaho (State or country) 22. Birthplace (city or place) Louisiana (State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u> </u>	25. Date (month and year) last engaged in this work _____, 19 <u> </u>
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, Full term { months _____ or weeks _____ } 29. Cause of stillbirth Strangulation during delivery Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 pm on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) H. B. Lindsey, M. D.

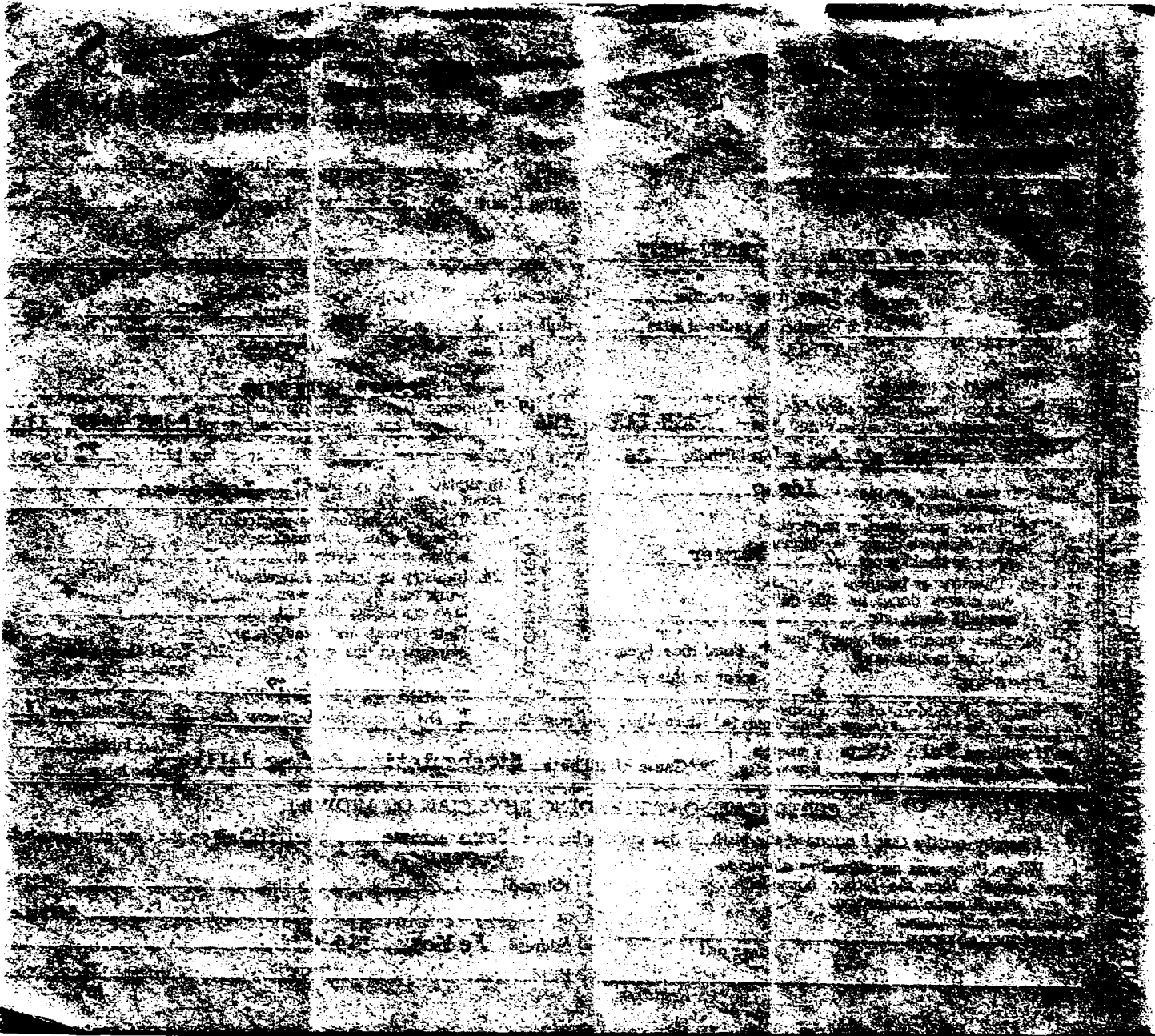
or _____, Midwife

Address Kellogg, Idaho

Filed Dec. 31, 1932 Mrs. Hattie M. Bude

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

82332

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 23
Primary Registration District No. 2261

State File No. 82332
Local Registrar's No. 1

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME West

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Whi 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec 20 - 1912

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin, Mass
(State or country) Kellogg

13. NAME Frank West

14. BIRTHPLACE (city or town) Medanville, La
(State or country)

15. MAIDEN NAME Jessie Robinson

16. BIRTHPLACE (city or town) New Orleans, La
(State or country)

17. INFORMANT Mrs Frank West
(Address) Medanville, La

18. BURIAL, CREMATION, OR REMOVAL
Place Medanville, La Date 1/4/22, 193 2

19. UNDERTAKER R. K. Ostrut
(Address) Kellogg, Idaho

20. FILED 2-1, 193 3 Mrs Helen M. Bridg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/20, 193 2

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 193 2, to Dec 20th, 193 2.

I last saw him alive on Dec 20, 193 2; death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

Strangulation caused by umbilical cord wrapped twice about neck during delivery.

Other contributory causes of importance:

Long Cord

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193 2.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. L. Lindsay, M. D.

(Address) Kellogg, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—~~The month and year the deceased last worked at the occupation.~~
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

... of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH				STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH			
County of <u>Twin Falls</u>				209039			
City of <u>Twin Falls</u>				S			
No. <u>Twin Falls</u> St.				Registration District No. <u>27</u> State File No. <u>2085</u>			
(If born in Hospital or institution give name.) <u>County Hospital</u>				Prim. Registration District No. <u>2085</u> Local Registrar's No. <u>485</u>			
2. FULL NAME OF CHILD <u>Barbara Lee Hansen</u>							
3. Sex <u>Female</u>		4. Twin, triplet, or other <u>1</u>		6. Premature <u>X</u>		7. Legitimate <u>Yes</u>	
If plural births		5. Number, in order of birth <u>1</u>		Full term <u>X</u>		8. Date of birth <u>Dec 19</u> , 193 <u>2</u> (MONTH, DAY, YEAR)	
9. Full name <u>John Le Roy Hansen</u> FATHER				18. Full maiden name <u>J. Hilda Cameron</u> MOTHER			
10. Residence (usual place of abode) <u>Hazelton, Ida</u>				19. Residence (usual place of abode) <u>Hazelton, Ida</u> (If non-resident, give place and State)			
11. Color or race <u>W.</u>				20. Color or race <u>W.</u>			
12. Age at last birthday <u>26</u> (years)				21. Age at last birthday <u>28</u> (years)			
13. Birthplace (city or place) <u>Utah</u> (State or country) <u>Utah</u>				22. Birthplace (city or place) <u>Torrey Utah</u> (State or country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Present</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Present</u>			
16. Date (month and year) last engaged in this work <u>Present</u>				25. Date (month and year) last engaged in this work <u>Present</u>			
17. Total time (years) spent in this work <u>Present</u>				26. Total time (years) spent in this work <u>Present</u>			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>							
28. If stillborn, period of gestation <u>9</u> months <u>0</u> weeks 29. Cause of stillbirth <u>Eclampsia induced by mother</u> Before labor <u>Yes</u> During labor <u>Yes</u>							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:55 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

(Signed) John R. Laughlin, M. D.
or Twin Falls Idaho Midwife
Address Twin Falls Idaho
Filed January 3, 1933 Geo. C. Halley, M.D.
Registrar.

RECEIVED

9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81918

State File No. _____

PLACE OF DEATH
Twin Falls
County of Twin Falls
City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 239

(No. _____ County Hospital _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Baby Hansen

County Hospital

(a) Residence. No. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

8. SEX 9. COLOR OR RACE 10. Single, Married, Widowed, or Divorced (write the word.)

Female white Single

11. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

12. DATE OF BIRTH (month, day and year) Dec 19/32

13. AGE Years Months Days If LESS than 1 day, hrs. or min.

14. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

15. BIRTHPLACE (city or town) (State or country)

Twin Falls

16. NAME OF FATHER

17. BIRTHPLACE OF FATHER (city or town) (State or Country)

18. MAIDEN NAME OF MOTHER

19. BIRTHPLACE OF MOTHER (city or town) (State or Country)

20. Informant (Address)

Mrs B P Hansen
Twin Falls Rm 21

21. Filled 12/23 1932

George C. Dally mdr
at Registrar

16. DATE OF DEATH

Dec 19 1932

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-19 1932 to 12-19 1932
that I last saw her alive on Dec 19 m 1932

and that death occurred, on the date stated above, at 3 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stillborn - Death within
uterus 5 hours prior to birth
due to toxemia of pregnancy
(eclampsia)

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John H. Laughlin, M. D.
12-19 1932 (Address) Twin Falls, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

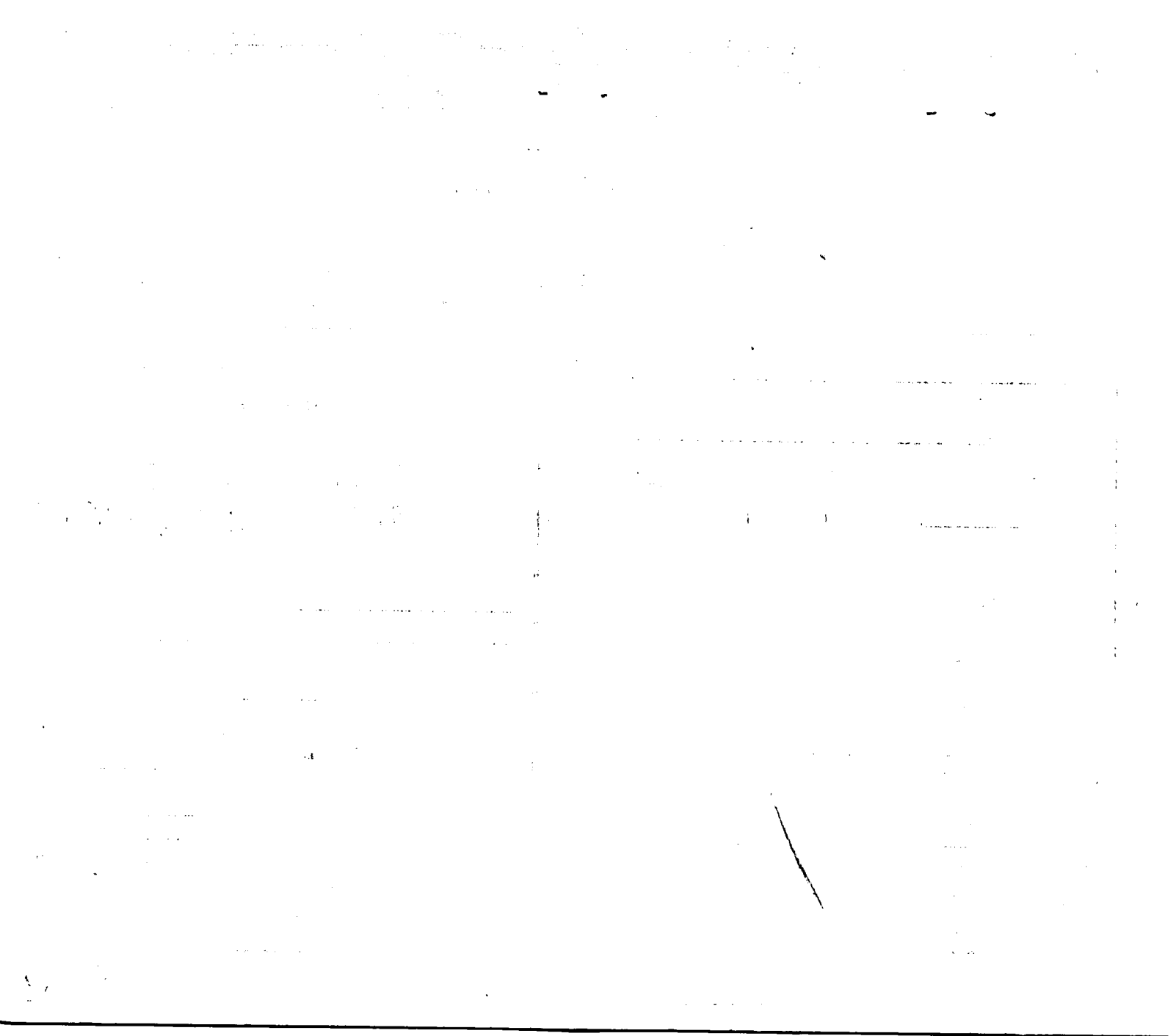
Cremation Dec 27 1932

20. Undertaker

Address

J. P. Drake Twin Falls

N. B.—Every item of information should be carefully supplied. AGE, should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Stark
City of Stark
No. 7 St. 7

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

209078

Registration District No. 86 State File No. S

(If born in hospital or institution
give name.)

Prim. Registration District No. 2112 Local Registrar's No. 39

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>12-2-1932</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>O. West Campbell</u>	FULL MAIDEN NAME <u>Grace W. Monack</u>

Residence (Usual place of abode) <u>W. Eiser, Idaho</u>	Residence (Usual place of abode) <u>W. Eiser, Idaho</u>
---	---

If non-resident, give place and State

Color or race White Age at last Birthday 27 (Years)

Birthplace Idaho (City and State or County)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 12 a. M.
on the date above stated.

(Signature) F. Schmitt M.D.

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address W. Eiser, Idaho

Filed Dec 3, 1932 A. R. Hamilton

Registrar.

C. G.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 81935 State File No.	
CERTIFICATE OF DEATH County of <u>Washington</u> City of <u>Weiser</u> Registration District No. <u>86</u> Primary Registration District No. <u>2112</u> Local Registrar's No. <u>26</u>			
(No.) (If death occurred in a hospital or institution give its name instead of street and number.)			
2. FULL NAME <u>Charlotte Campbell</u>			
(a) Residence. No. St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>Wht</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		21. DATE OF DEATH (month, day, and year) <u>Dec 2</u> 193 <u>2</u>	
6. DATE OF BIRTH (month, day, and year) <u>Dec 2-1932</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>12-2</u> , 193 <u>2</u> , to <u>12-2</u> , 193 <u>2</u> . I last saw him alive on, 193...: death is said to have occurred on the date stated above, at <u>10</u> m. The principal cause of death and related causes of importance were as follows: <u>Still born due to broken birth</u>	
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	Date of onset		
OCCUPATION		Other contributory causes of importance:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country)			
13. NAME <u>Walter Campbell</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
15. MAIDEN NAME <u>Grace Womack</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
17. INFORMANT <u>Walter Campbell</u> (Address) <u>Weiser Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Weiser Idaho</u> Date <u>12-3-</u> , 193 <u>2</u>			
19. UNDERTAKER <u>E. C. Northrup</u> (Address) <u>Weiser Idaho</u>			
20. FILED <u>Dec 19</u> , 193 <u>2</u> <u>A. D. Hamilton</u> Registrar.			
Name of operation <u>none</u> Date of		What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>—</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>F. A. Schmitt</u> , M. D. (Address) <u>Weiser Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Boise</u>		BUREAU OF VITAL STATISTICS	
No. <u>12668</u> St.		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Registration District No. <u>2</u>	State File No. <u>S</u>
FULL NAME OF CHILD <u>None</u> (<u>Stillborn</u>)		Prim. Registration District No. <u>1004</u>	Local Registrar's No. <u>32</u>
(If stillborn, substitute the word "Stillbirth" for name of child)			
Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Mar 13</u> 19 <u>32</u>
(To be answered only in event of plural births)		(Month)	(Day) (Year)
What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
Number of child of this mother, including present birth. <u>1</u> (a) Born alive and now living. <u>0</u>			
Born alive but now dead. <u>0</u> Stillborn <u>1</u>			
FULL NAME FATHER <u>Max. Schlegel</u>		FULL MAIDEN NAME MOTHER <u>Ada. McGe</u>	
Residence (Usual place of abode.) <u>Boise</u>		Residence (Usual place of abode.) <u>Boise</u>	
If non-resident, give place and State <u>One</u>		If non-resident, give place and State <u>Idaho</u>	
Color or race <u>Wh</u> Age at last Birthday <u>28</u> (Years)		Color or race <u>Wh</u> Age at last Birthday <u>19</u> (Years)	
Birthplace <u>Oregon</u> (City and State or County)		Birthplace <u>Idaho</u> (City and State or County)	
Occupation <u>Student</u>		Occupation <u>Student</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 11 A. M. on the date above stated.

(Signature) Shirley M. Rhoades

(Physician or midwife)

Address 1-17 33 W. W. Rhoades

Filed 1-17 33 1932

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

PLACE OF BIRTH

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Registration Number
Name
Sex
Date of Birth
Place of Birth
Parents' Names
Maiden Name

Age at Death
Cause of Death
Date of Death
Place of Death

Occupation
Education
Religion
Marital Status

Signature of Registrar
Signature of Informant
Date of Registration

Signature of Physician
Signature of Coroner
Date of Death

Signature of Registrar
Signature of Informant
Date of Registration

Signature of Physician
Signature of Coroner
Date of Death

Signature of Registrar
Signature of Informant
Date of Registration

Registration Number
Name
Sex
Date of Birth
Place of Birth
Parents' Names
Maiden Name

Age at Death
Cause of Death
Date of Death
Place of Death

Occupation
Education
Religion
Marital Status

Signature of Registrar
Signature of Informant
Date of Registration

Signature of Physician
Signature of Coroner
Date of Death

Signature of Registrar
Signature of Informant
Date of Registration

Signature of Physician
Signature of Coroner
Date of Death

Signature of Registrar
Signature of Informant
Date of Registration

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		78491	
PLACE OF DEATH County of <u>Ada.</u> City of <u>Boise.</u>		State File No. _____	
Registration District No. <u>2</u> Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>78</u>	
(No. <u>St. Alphonsus Hospital.</u>) (If death occurred in a hospital of institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby McGee.</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Single.</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Nov. 13-1932</u>			
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day — hrs. or min. _____
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
MOTHER	11. Total time (years) spent in this occupation _____		
	12. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)		
	13. NAME <u>Max Schizer.</u>		
FATHER	14. BIRTHPLACE (city or town) <u>Vale, Oregon.</u> (State or country)		
	15. MAIDEN NAME <u>Iola McGee.</u>		
	16. BIRTHPLACE (city or town) <u>Wilder, Idaho.</u> (State or country)		
17. INFORMANT <u>George McGee.</u> (Address) <u>Nyssa, Oregon.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>3/14/32</u> 193 <u>2</u>			
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>			
20. FILED <u>3-14</u> , 193 <u>2</u> <u>W. H. Rhodes</u> Registrar. (Address) <u>Boise, Idaho.</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>3/13/42</u> 193 <u>2</u>			
22. <u>3-13</u> I HEREBY CERTIFY, That I attended deceased from <u>3-13</u> , 193 <u>2</u> , to <u>3-13</u> , 193 <u>2</u> .			
I last saw him alive on <u>3-13</u> , 193 <u>2</u> ; death is said to have occurred on the date stated above, at <u>2 P</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Killed from</u> <u>Direct Cause</u> <u>Partial Trauma</u> Other contributory causes of importance: <u>Breast cancer</u> <u>Continued pain</u>			
Name of operation <u>Joseph's delay</u> Date of <u>3/13</u>			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>breast cancer</u> (Signed) <u>Wm. McBratney</u> , M. D. (Address) <u>Boise, Idaho.</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

County of Butte RECEIVED FEB 11 1933
City of Pocatello
No. 245 No 9th St. Registration District No. 28 State File No. 209170
Hospital — Primary Registration District No. 2161 Local Registrar's No. 1175
FULL NAME OF CHILD Robert Boyd Clark Stillborn
(Certificate of no value without full name of child)

Sex of Child male Twin Triplet or other? — and { Number in order of birth — Legitimate? Yes Date of birth May 15 1932
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? —Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth None

FULL NAME FATHER

Boyd Joseph Clark

RESIDENCE

245 North 9th

COLOR

WhiteAGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE

Salt Lake City, Utah

OCCUPATION

Apprentice - W.R.R.

FULL MAIDEN NAME

MOTHER

Eileen Blakely

RESIDENCE

245 No 9th

COLOR

WhiteAGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE

Salt Lake City, Utah

OCCUPATION

Beauty Opk.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Stillborn at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

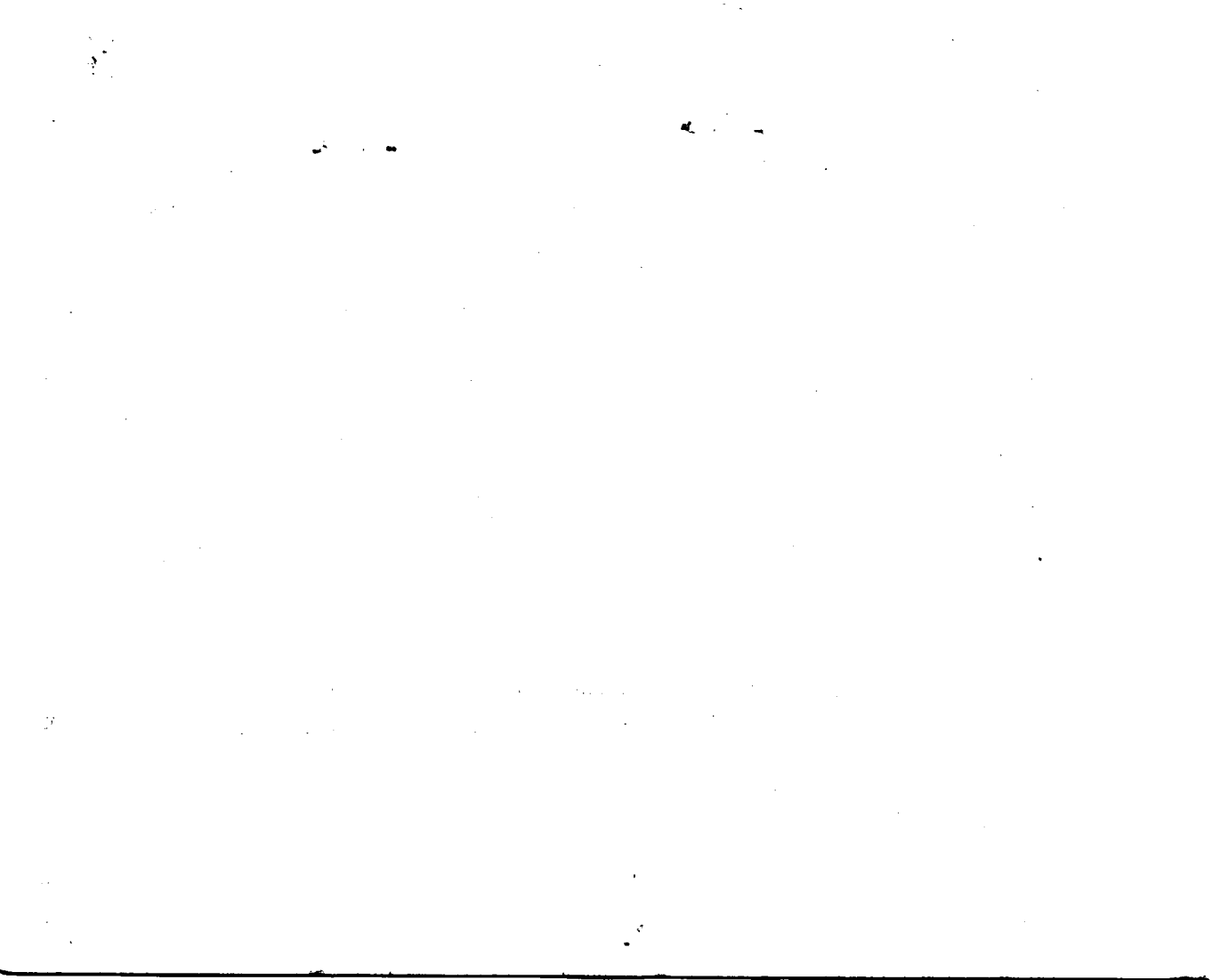
192(Signature) W. W. Brothens

(Physician or midwife)

Address Pocatello, IdahoFiled Jan 18 1933

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. 245.No.9th.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Boyd Clark.
(a) Residence. No. 245.No.9th. St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>May. 15. 1932</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho.</u>				
13. NAME <u>B. J. Clark.</u>				
14. BIRTHPLACE (city or town) <u>Salt Lake City</u> (State or country) <u>Utah.</u>				
15. MAIDEN NAME <u>Eileen Blakely.</u>				
16. BIRTHPLACE (city or town) <u>Salt Lake City</u> (State or country) <u>Utah.</u>				
17. INFORMANT <u>B. J. Clark.</u> (Address) <u>245.No.9th.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Idaho</u> Date <u>May. 16. 1932</u>				
19. UNDERTAKER <u>A. W. Hall.</u> (Address) <u>Pocatello, Idaho.</u>				
20. FILED <u>5-17</u> , 1932 <u>D C Ray</u> Registrar.				

DO NOT WRITE IN THIS SPACE

State File No. 79275Local Registrar's No. 326

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May. 15. 193222. I HEREBY CERTIFY, That I attended deceased from 5-15, 1932, to 5-15, 1932I last saw deceased on 5-15, 1932, death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia (6 mtd)

Other contributory causes of importance:

Name of operation none Date of noneWhat test confirmed diagnosis clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932.Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. W. Br. Clark, M. D.(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED FEB 2 1933**

County of **Bannock**
City of **Grace,**
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF _____
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS **209194**
CERTIFICATE OF BIRTH

Registration District No. **84** State File No. **S**

Prim. Registration District No. **2161** Local Registrar's No. **4**

2. FULL NAME OF CHILD

Stillborn

3. Sex **Fe** If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? **Yes** 8. Date of birth **12-31-32**, 193-
Full term **Yes** mate? **Yes** (MONTH, DAY, YEAR)

9. Full name **FATHER**
Otto Birger Traasdahl

10. Residence (usual place of abode) **Grace, Ida**
(If non-resident, give place and state)

11. Color or race **Wh** 12. Age at last birthday **43** (years)

13. Birthplace (city or place) **Trondhjem, Norway**
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, Laborer
sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, Irregular
sawmill, bank, etc.

16. Date (month and year) last engaged in this work **November 1932**
17. Total time (years) spent in this work **1**

18. Full name **MOTHER**
Anna Pauline Erickson

19. Residence (usual place of abode) **Grace**
(If non-resident, give place and state)

20. Color or race **Wh** 21. Age at last birthday **43** (years)

22. Birthplace (city or place) **Trondhjem, Norway**
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, Housewife
typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, own home
lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work **December 1932, 19**
26. Total time (years) spent in this work **20**

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **7** (b) Born alive but now dead **0** (c) Stillborn **1**

28. If stillborn, period of gestation **9** months or weeks 29. Cause of stillbirth **unknown**
Before labor **Yes**
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **stillborn** at **7:00 AM** the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

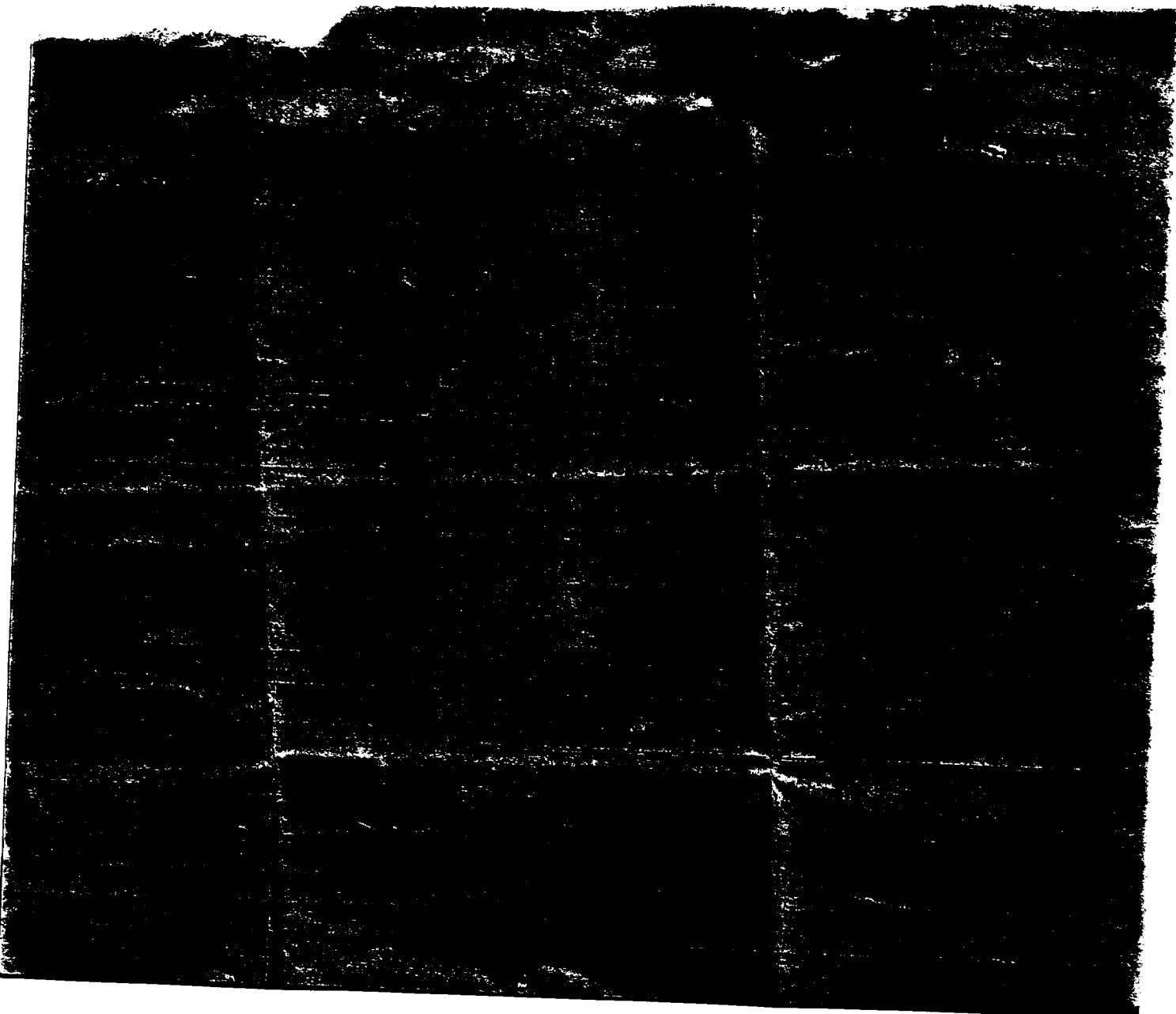
Give name added from a supplemental report _____ (DATE OF) _____

(Signed) **P. J. ...**, M. D.
or _____, Midwife

Address **Grace, Ida**

Filed **Jan-31-**, 1932 **Mar. 1. 1933** Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 2 1933 STATE OF IDAHO
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
COUNTY OF Bannock
CITY OF Grace
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81998

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. Single, Married, Widowed, or Divorced (use the word) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 12-31-327. AGE Years Months Days If LESS than 1 day hrs. or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grace, Ida
(State or country)13. NAME Otto Birger Traasdahl14. BIRTHPLACE (city or town) Trondhjem, Norway
(State or country)15. MAIDEN NAME Anna Pauline Erickson16. BIRTHPLACE (city or town) Trondhjem, Norway
(State or country)17. INFORMANT Mrs. Otto Traasdahl
(Address)18. BURIAL, CREMATION, OR REMOVAL burial
Place Grace, Ida Date 12-31-3219. UNDERTAKER none
(Address)20. FILED Jan 31, 1933 Mrs. E. G. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-31-32, 19322. I HEREBY CERTIFY, That I attended deceased from 12-31-32, 193, to 12-31-32, 193I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:Stillbirth (death occurred before labor)
unknown cause

Other contributory causes of importance:

noneName of operation none Date of.....What test confirmed diagnosis Hist. & Phy. Were there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Dr. E. G. Fitz, M. D.(Address) Grace, Ida

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

County of Idaho
City of Kamiah-Rout
No. 719 120 025 854 St.
(If born in hospital or institution give name.)

CERTIFICATE OF BIRTH **209515**

Registration District No. 49 State File No. _____
Prim. Registration District No. 2127 Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Gains

3. Sex <u>m</u>	If plural births	4. Twin, triplet, or other <u>X</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Dec. 20</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
-----------------	------------------	-------------------------------------	---------------------------------------	-------------------------	---------------------------	--

9. Full name FATHER
Luther Gains

18. Full maiden name MOTHER
Mary Hemphill

10. Residence (usual place of abode)
(If non-resident, give place and State) Kamiah-Rout

19. Residence (usual place of abode)
(If non-resident, give place and state) Kamiah

11. Color or race W 12. Age at last birthday 28 (years)

20. Color or race W 21. Age at last birthday 23 (years)

13. Birthplace (city or place)
(State or country) Mont

22. Birthplace (city or place)
(State or country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work
Dec 20, 1932

25. Date (month and year) last engaged in this work
Dec 20, 1932

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, period of gestation 4 1/2 m months or weeks 29. Cause of stillbirth Don't know
Before labor yes
During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:30 am on the date above stated.
(BORN ALIVE OR STILLBORN)

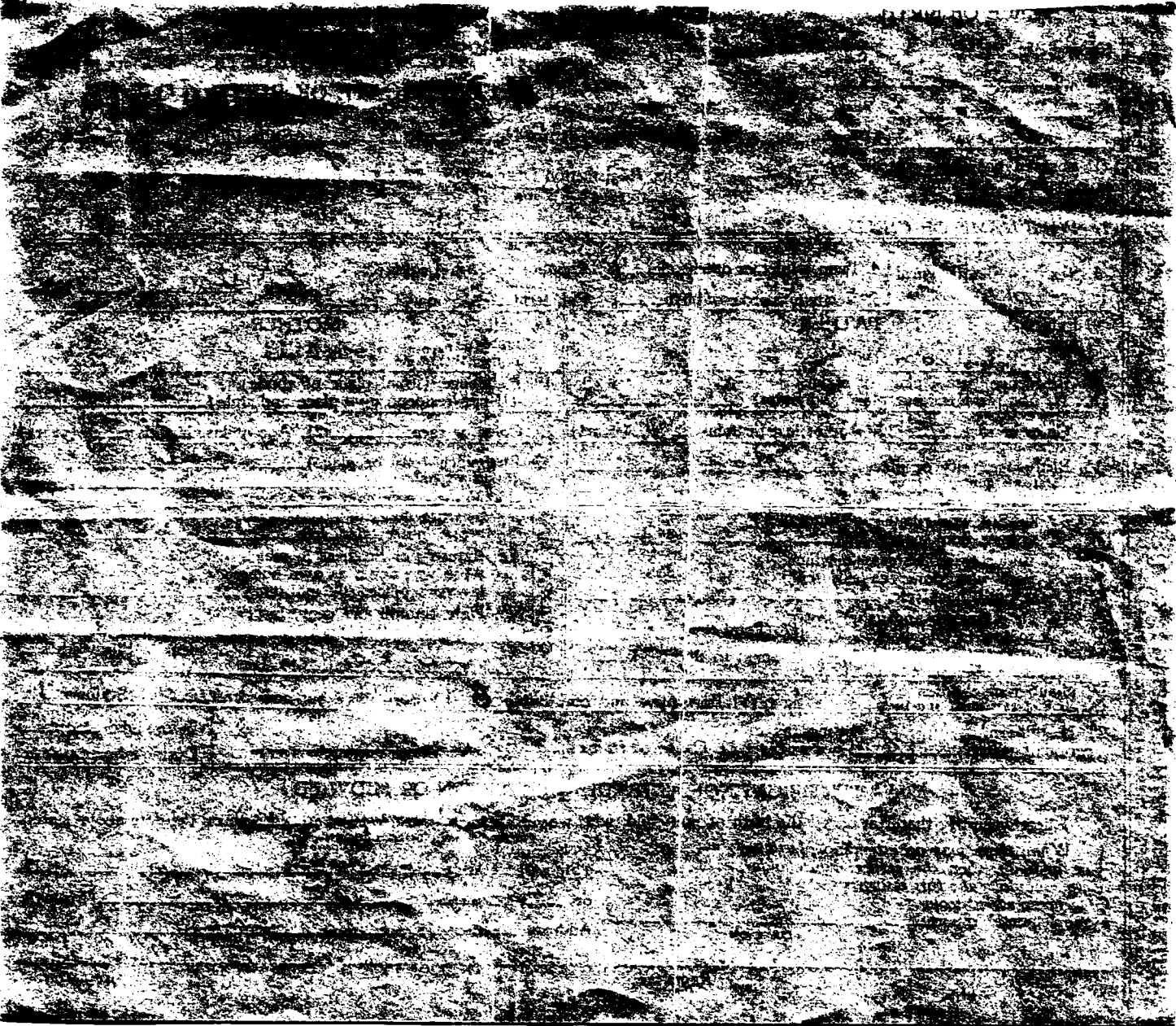
{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) N. G. H. Cooper, M. D.
or Physician and Surgeon, Midwife

Give name added from
a supplemental report _____
(DATE OF)

Address Mayfield, Ida
Filed 2-10, 1933 Nell Robertson
Registrar.

Registrar.



RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82192

PLACE OF DEATH

County of Idaho
City of Kamiah, R.R.Registration District No. 49Primary Registration District No. 2127Local Registrar's No. 206(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Baby Gains(a) Residence. No. Kamiah Lewis Co. Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>no</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Lawrence</u>		
6. DATE OF BIRTH (month, day and year)		
7. AGE Years	Months	Days
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)10. NAME OF FATHER Luther Gains11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Mont.12. MAIDEN NAME OF MOTHER Mary Hemphill13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho14. Informant Mary Hemphill
(Address) Kamiah, Idaho15. Filed 2-10 1933 Nell Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12-20 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Stillborn

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? -(Signed) G. H. Cooper, M. D.45 - 1933. (Address) Kamiah, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

919 106 07 5 72
PLACE OF BIRTH RECEIVED EB 11 1932
County of Ada STATE OF IDAHO
City of Boise DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
No. 205 CERTIFICATE OF BIRTH 209557
Reed Hospital Registration District No. 30 State File No. 3
(If born in hospital or institution give name.) Prim. Registration District No. 1950 Local Registrar's No. 3
FULL NAME OF CHILD Kenneth Harkley
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>Aug. 6</u> 19 <u>32</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	---------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. Two (a) Born alive and now living. no
Born alive but now dead. Born, dead. Stillborn

FULL NAME <u>Elmer H. Harkley</u> FATHER <u>Boise, D. Alene</u>	FULL MAIDEN NAME <u>Alice Egbers</u> MOTHER <u>Boise, D. Alene</u>
Residence (Usual place of abode) <u>Boise, D. Alene</u>	Residence (Usual place of abode) <u>Boise, D. Alene</u>
It non-resident, give place and State	If non-resident, give place and State
Color or race <u>white</u> Age at last Birthday <u>28</u> (Years)	Color or race <u>W</u> Age at last Birthday <u>29</u> (Years)
Birthplace <u>Arkansas</u> (City and State or County)	Birthplace <u>Athol, Idaho</u> (City and State or County)
Occupation <u>Dray man</u>	Occupation <u>House wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was live live at 1:15 P. M.
on the date above stated. Stillborn

(Signature) Harold J. Sturges, M.D.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise, D. Alene, Idaho
Filed 1-29 1933 H. Sturges
Registrar.

[illegible][illegible]

1. The date when the

12-11-68

RECEIVED THE ATTORNEY GENERAL'S OFFICE

CONFIDENTIAL

CONFIDENTIAL

100-443887-100

10-10-68

~~SECRET~~

RIGHT

11/11/82

10-10-73 (10-10-73) (10-10-73) 2 10-10-73 (10-10-73) (10-10-73)

100-443887-100

1. The following information is being furnished to you for your information only. It is not to be used for any other purpose.

THE WHITE HOUSE

10-10-68

100

CONFIDENTIAL - EYES ONLY

SECRET

N. B.—WHILE FILLING IN, MAKE SURE THAT ALL INFORMATION IS CORRECT. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Kootenai</u>		CERTIFICATE OF DEATH		State File No. <u>80409</u>	
City of <u>Coeur d'Alene</u>		Registration District No. <u>30</u>		Local Registrar's No. <u>107</u>	
(No. _____)		Primary Registration District No. <u>1050</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ken Meth Harkleroad</u>					
(a) Residence. No. <u>Reed Hospital</u> St. <u>706</u>					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>1932-8-6</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Coeur d'Alene</u> (State or country) <u>Ida.</u>					
13. NAME <u>Clays Harkleroad</u>					
14. BIRTHPLACE (city or town) <u>Ark.</u> (State or country)					
15. MAIDEN NAME <u>Alice Egbers</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
17. INFORMANT <u>Clays Harkleroad</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Reed</u> Date <u>8-6</u> , 193 <u>2</u>					
19. UNDERTAKER <u>Carstedt Funeral Home</u> (Address) <u>Coeur d'Alene, Ida.</u>					
20. FILED <u>8/29</u> , 193 <u>2</u> <u>H. J. Huges</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8-6</u> , 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug.</u> , 193 <u>2</u> , to <u>Aug.</u> , 193 <u>2</u> . I last saw him on <u>Aug. 6</u> , 193 <u>2</u> ; death is said to have occurred on the date stated above, at <u>5:00</u> m. The principal cause of death and related causes of importance were as follows: <u>Asphyxiation due to detached placenta</u> Date of onset _____					
Other contributory causes of importance: <u>Shoulder presentation of fetus</u>					
Name of operation <u>Delivery</u> Date of <u>8-6-32</u>					
What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Harold J. Sturges</u> , M. D. (Address) <u>Coeur d'Alene</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

766 126 628 - 396

1. PLACE OF BIRTH RECEIVED FEB 4
County of Kootenai
City of Rathdrum, Id.
No. 2 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **09561**

Registration District No. 45 State File No. 31

(If born in hospital or institution give name.)

Prim. Registration District No. Local Registrar's No. 31

2. FULL NAME OF CHILD Roy Lewis Powell Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate Yes 8. Date of birth Nov. 26, 1932
5. Number, in order of birth _____ Full term _____ mate _____ (MONTH, DAY, YEAR)

9. Full name FATHER James H. Powell 18. Full maiden name MOTHER Lois Thomas

10. Residence (usual place of abode) Rathdrum, Id. 19. Residence (usual place of abode) Rathdrum, Id.
(If non-resident, give place and State)

11. Color or race White Age at last birthday 36 (years) 20. Color or race White 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Illinois 22. Birthplace (city or place) N. Dakota
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2

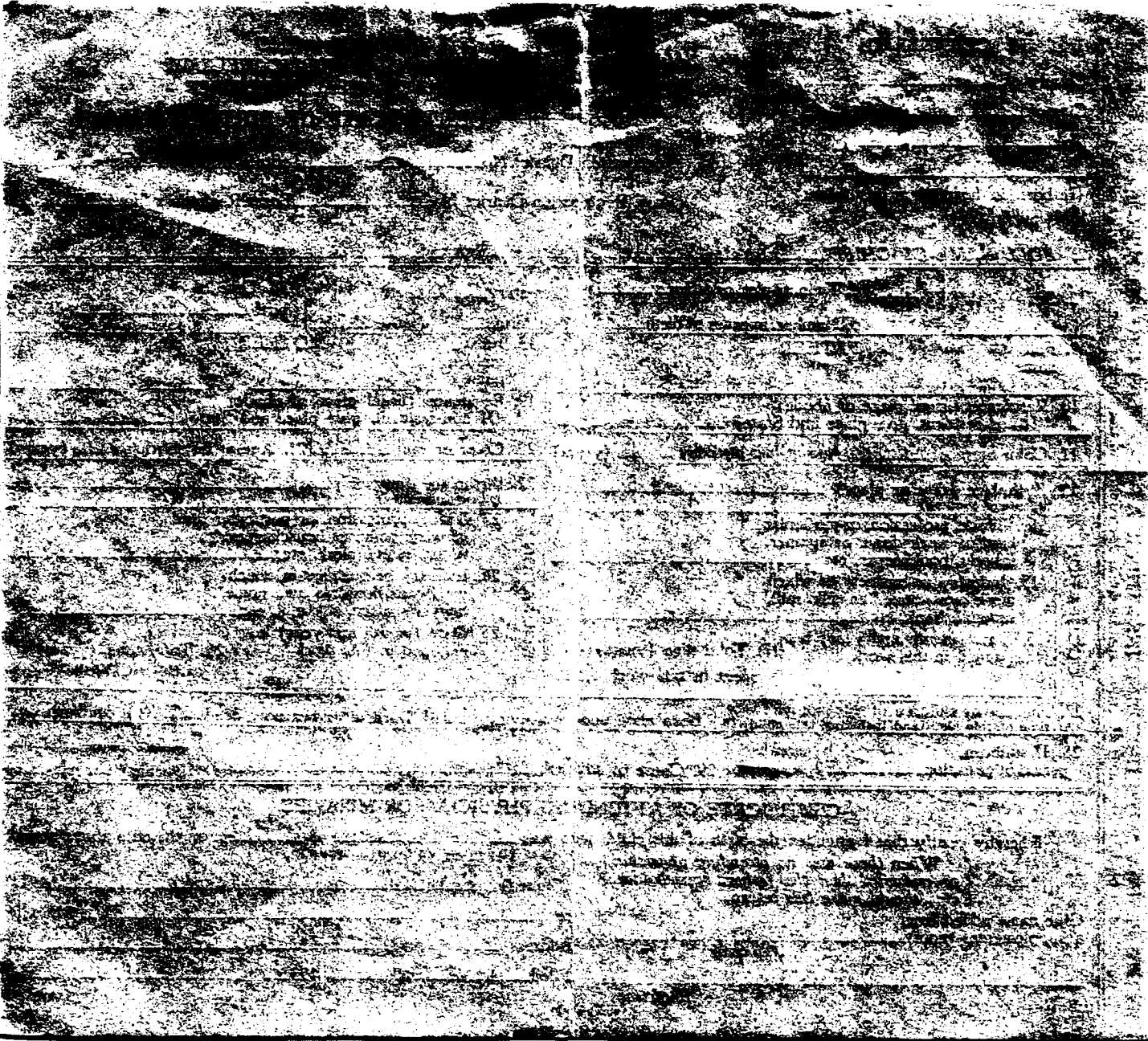
28. If stillborn, period of gestation 7 1/2 months or weeks 29. Cause of stillbirth Placenta Previa Lateralis Before labor _____ During labor Yes

Breech Extraction
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 11:30 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) John W. Achari, M. D.
or _____, Midwife

Give name added from a supplemental report _____ Address Spirit Lake, Ida
(DATE OF) _____ Filed Nov 30, 1932 W. Spooner

Registrar.

Registrar.



RECEIVED JAN 7 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81812

PLACE OF DEATH

County of Boisjourn
City of Rathdrum

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No.)

Local Registrar's No. 69

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy Powell

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. — ds. How long in U. S. if of foreign birth? yrs. mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced. (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 28/1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Rathdrum
(State or country) Idaho

10. NAME OF FATHER Howard Powell

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Loris Thomas

13. BIRTHPLACE OF MOTHER (city or town) North Dakota
(State or County)

14. Informant (Address) Howard Powell
Rathdrum Idaho

15. Filed 12-29, 1932 A. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 26, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn
6 wks premature
Placenta abruptio
(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Schaefer, M. D.
Nov. 30, 1932 (Address) Spirit Lake, Ida.

19. Place of Burial, Cremation, or Removal Pine Grove Cemetery - Rathdrum Date of Burial 11-30 1932

20. Undertaker Cassidy Funeral Home Address Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 209565

CERTIFICATE OF BIRTH S

1. PLACE OF BIRTH
County of Lewis
City of Shoshone
No. Village St.

Registration District No. 47 State File No. 380
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn

3. Sex <u>M.</u>	If plural births	4. Twin, triplet, or other <u>X</u>	5. Number, in order of birth <u>X</u>	6. Premature <u>Yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>12/1</u> , 1932 (MONTH, DAY, YEAR)
9. Full name FATHER <u>Roy Dale Phillips</u>				18. Full maiden name MOTHER <u>Eunice L. Hoeck</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoshone, Ida.</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoshone, Ida.</u>		
11. Color or race <u>W.</u>		12. Age at last birthday <u>25</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>24</u> (years)
13. Birthplace (city or place) <u>Walla Walla, Wash.</u> (State or country)				22. Birthplace (city or place) <u>Wilson Creek, Wash.</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>X</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>X</u>	
	16. Date (month and year) last engaged in this work <u>Dec - 4 - 1932</u>				25. Date (month and year) last engaged in this work <u>Dec - 4th 1932</u>	
17. Total time (years) spent in this work <u>10</u>				26. Total time (years) spent in this work <u>2</u>		
27. Number of children of this mother (At time of this birth and including this child) <u>none</u> (a) Born alive and now living <u>X</u> (b) Born alive but now dead <u>410</u> (c) Stillborn <u>yes</u>						
28. If stillborn, period of gestation <u>9 m.</u> { months or weeks				29. Cause of stillbirth <u>Don't know</u> { Before labor <u>yes</u> During labor <u>no</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 9:15 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. H. Cooper, M. D.

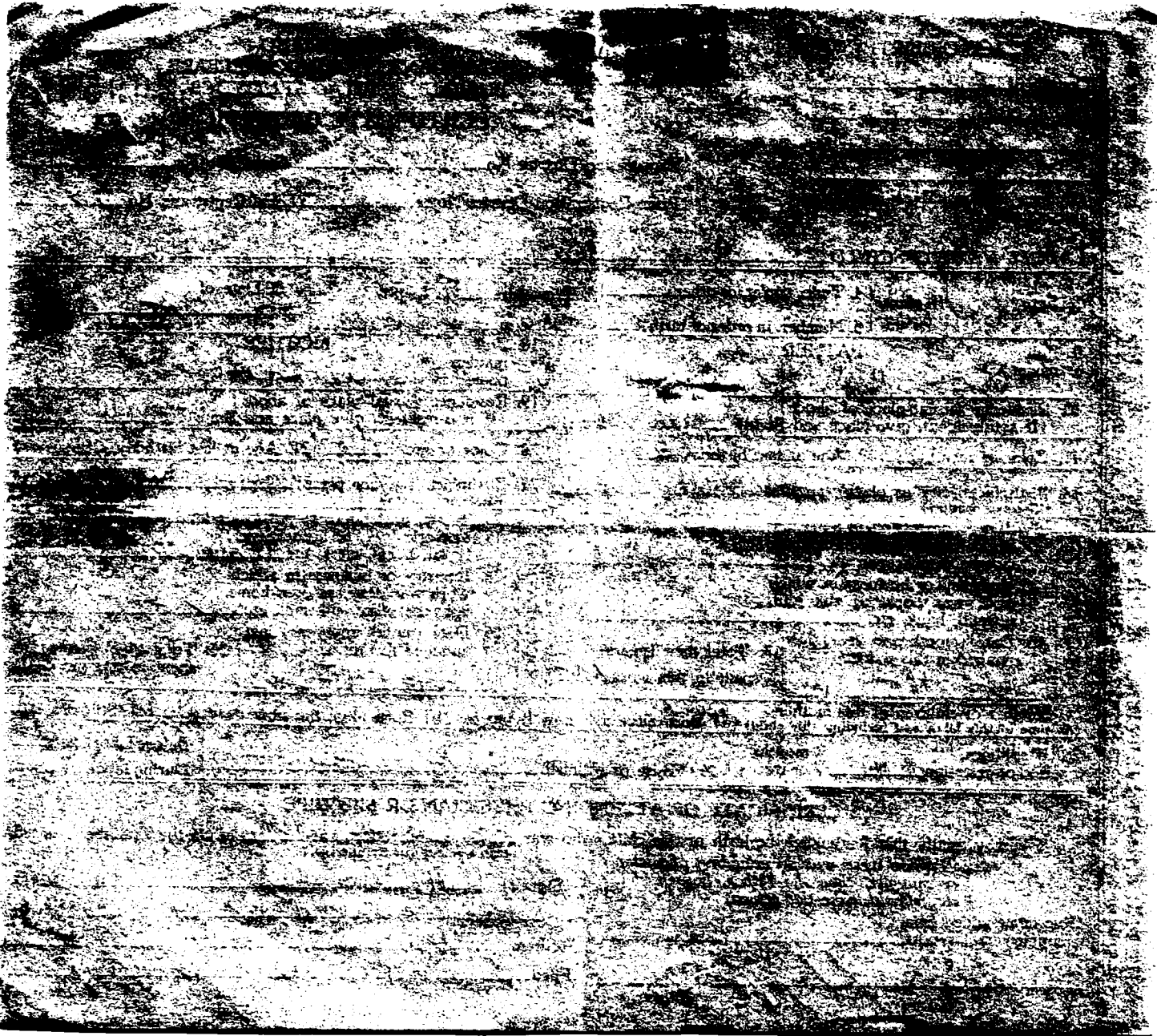
or Physician and Surgeon, Midwife

Address Shoshone, Ida.

Filed Feb - 8, 1933 Albert Huff

Give name added from a supplemental report _____

(DATE OF) Albert Huff
Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M-1-16-12
RECEIVED FEB 6 1933 MEDICAL CERTIFICATE OF DEATH.

1. PLACE OF DEATH.

County of Lewis
City of Myrica VillageRegistration District No. 47
Primary Registration District No. _____
(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

no nameState of Idaho
BOARD OF HEALTH
Bureau of Vital StatisticsFile No. 82257Registered No. 171

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

(Write the word.)

6. DATE OF BIRTH.

12/4 - 1932
(Month) (Day) (Year)

7. AGE

Yrs. Mos. ds.

IF LESS than 1 day
how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Myrica, Ida

10. NAME OF FATHER

Roy Phillips

11. BIRTHPLACE OF FATHER

(State or Country) Walla Walla, Wash

12. MAIDEN NAME OF MOTHER

Emmie L. Houch

13. BIRTHPLACE OF MOTHER

(State or Country) Wilson Creek, Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Phillips
(Address) Myrica Idaho

15.

Filed Feb 1 1933

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

206
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

191 to 191that I last saw him alive on 191and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

still birth

(Duration) Yrs. mos. ds.

Contributory (Secondary) Don't know

(Duration) Yrs. mos. ds.

(Signed) G. H. Cooper M. D.1933 (Address) Myrica, Ida

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death... yrs... mos... days In the State... yrs... mos... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Myrica CemeteryDec 5 1932

20. UNDERTAKER

ADDRESS

Albert Hoff Myrica Idaho

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated this: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-*

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 209566
CERTIFICATE OF BIRTH S

1. PLACE OF BIRTH
County of Lewis
City of Kamiah
No. 653-12-0031-793 St. Idaho
(If born in hospital or institution give name.)
Registration District No. 49 State File No. 2127
Prim. Registration District No. 2127 Local Registrar's No. 2127

2. FULL NAME OF CHILD Baby Outhank

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>12/20</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name <u>Wm. O. Outhank</u>	FATHER			18. Full maiden name <u>Nellie Gilmore</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kamiah</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kamiah</u>		
11. Color or race <u>W</u>			20. Color or race <u>W</u>		
12. Age at last birthday <u>42</u> (years)			21. Age at last birthday <u>29</u> (years)		
13. Birthplace (city or place) (State or country) <u>Idaho</u>			22. Birthplace (city or place) (State or country) <u>Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mail carrier</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mail Carrier</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work <u>12/20</u> , 193 <u>2</u>			25. Date (month and year) last engaged in this work <u>12/20</u> , 193 <u>2</u>		
17. Total time (years) spent in this work <u>34</u>			26. Total time (years) spent in this work <u>10</u>		

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead no (c) Stillborn no

28. If stillborn, period of gestation 4 1/2 months or weeks
29. Cause of stillbirth Don't know
Before labor
During labor

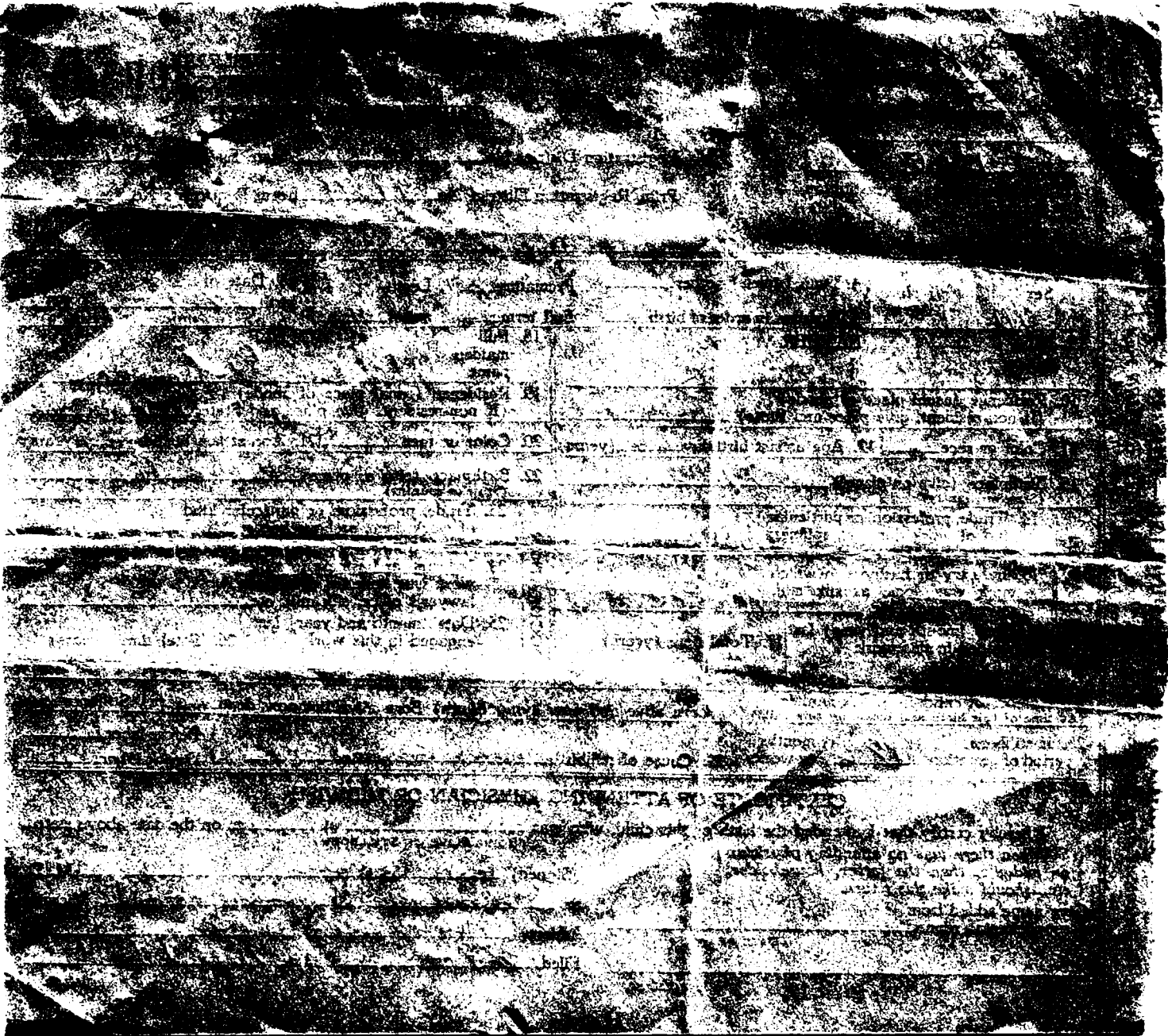
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Give name added from a supplemental report _____
(DATE OF) _____

(Signed) G. H. Cooper, M. D.
or Physician & Surgeon, Midwife
Address Mayhew - Idaho
Filed 24 10, 1933 Paul Robertson
Registrar. Registrar.



RECEIVED FEB 19 1933
PLACE OF DEATHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

82259

State File No.

County of Sumo
City of KamiahRegistration District No. 49
Primary Registration District No. 2127

Local Registrar's No.

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Onthank

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)10. NAME OF FATHER Will Onthank11. BIRTHPLACE OF FATHER (city or town)
(State or Country) New York12. MAIDEN NAME OF MOTHER Mrs. Billman13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho14. Informant Will Onthank
(Address) Kamiah, Idaho15. Filed 2/10, 1933. Neil Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Stillborn - 12-20-1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

The CAUSE OF DEATH* was as follows:

Stillborn

(duration) _____yrs. _____mos. _____ds.

CONTRIBUTORY
(Secondary)

(duration) _____yrs. _____mos. _____ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) G. H. Cooper, M. D.1/5 - 1932. (Address) Myers 2d

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED APR 11 1933

County of Bonneville
City of Idaho Falls
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 210663

(If born in hospital or institution
give name.)

Registration District No. 73 State File No.

Prim. Registration District No. 210-0 Local Registrar's No. 107

FULL NAME OF CHILD

Not Named Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Dec 19</u> (Month) (Day) (Year) <u>1932</u>
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead Stillborn 1

FATHER	MOTHER
FULL NAME <u>Claude Charles Mann</u>	FULL MAIDEN NAME <u>May Alice Barnes</u>
Residence (Usual place of abode) <u>Rigby Idaho R.F. #2</u>	Residence (Usual place of abode) <u>Rigby Idaho R.F. #2</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>white</u> Age at last Birthday <u>38</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>34</u> (Years)
Birthplace <u>Bonneville Co Idaho</u> (City and State or County)	Birthplace <u>Bonneville Co Idaho</u> (City and State or County)
Occupation <u>grooming</u>	Occupation <u>housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 6:40 A.M.
on the date above stated. (Signature) W. R. Abbott M.D.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

(Physician or midwife)
Address Idaho Falls, Idaho
Filed 4-30-1933 Certified
Registrar.

111

110

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. RECEIVED BIRTH APR 13 1933

County of Elmore
City of Mtn. Home
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 210803

Registration District No. 34 State File No. _____
Prim. Registration District No. 2020 Local Registrar's No. 7

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct 5, 1932</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Dan Duffy</u>				18. Full maiden name MOTHER <u>Jetta Green</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mtn. Home</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mtn. Home</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>30</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) (State or country) _____				22. Birthplace (city or place) (State or country) _____		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
	16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>						
28. If stillborn, period of gestation <u>8</u> months or weeks		29. Cause of stillbirth <u>Detached placenta</u>		Before labor <u>yes</u> During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 5:15 A.M. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

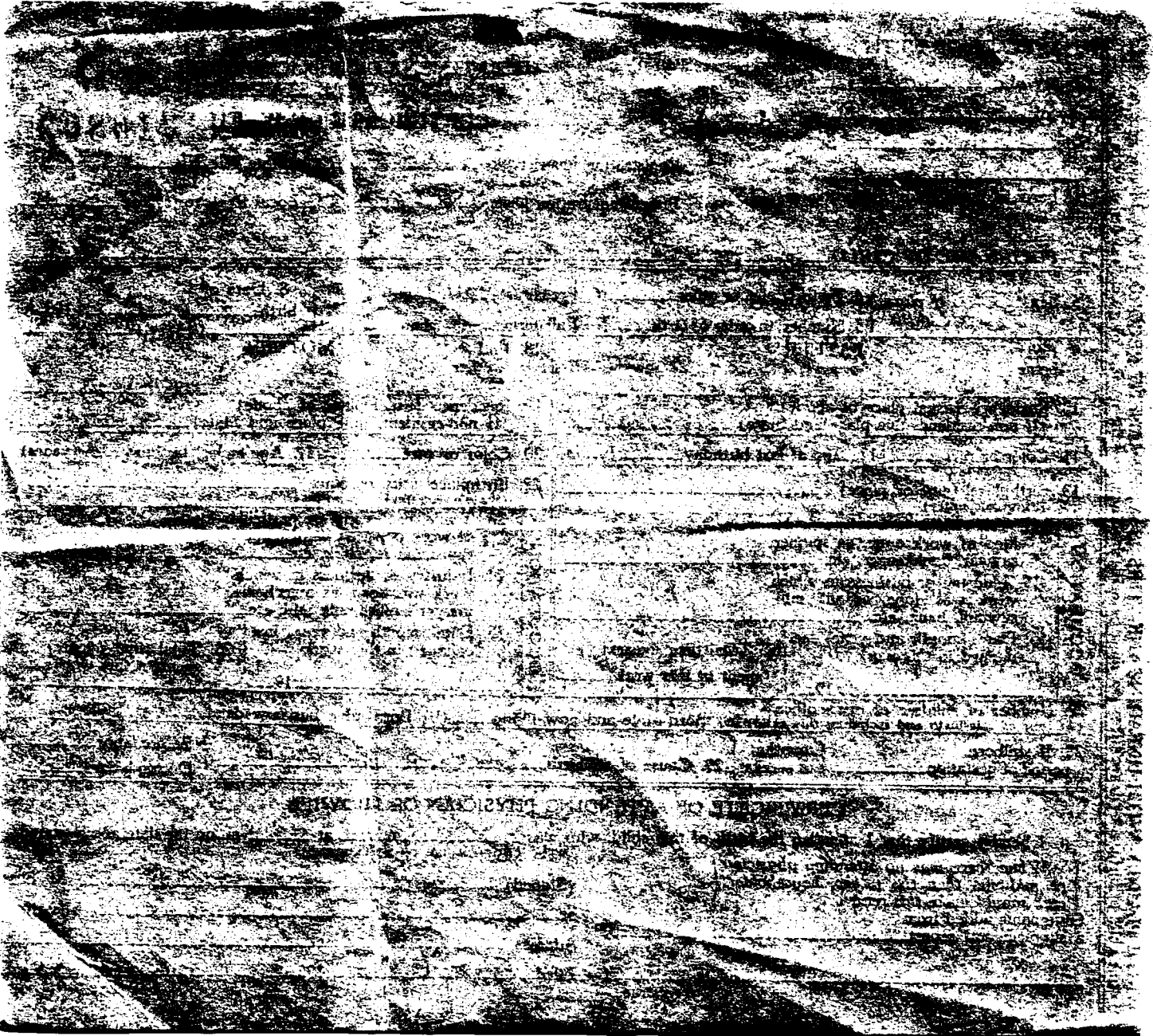
(Signed) J. E. Brown, M. D.

or _____, Midwife

Address Mtn. Home, Ida

Filed Apr 3, 1933 J. E. Brown

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

PLACE OF DEATH

County of ElmoreCity of Mtn. HomeSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34Primary Registration District No. 2020(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 84947Local Registrar's No. 6

2. FULL NAME.....

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct 3, 1932

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

Dan Duffy14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Jette Green16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

, 193

19. UNDERTAKER
(Address)

20. FILED

7/12

, 1933

[Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 3 193 222. I HEREBY CERTIFY, That I attended deceased from 10-3-1932 to 10-3-1932I last saw h. alive on 10-3-1932; death is saidto have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Still born

Other contributory causes of importance:

Separation of placenta from uterine wall caused by injury

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? 9-20-1932
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Sudden forebrain exposureNature of injury Exposure

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. E. Green, M. D.(Address) Mtn. Home, Id.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

216847

County of Canyon
City of Nampa
No. R4 St.

Registration District No. 7 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. 2006 Local Registrar's No. 276

FULL NAME OF CHILD

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of birth Dec 8 1932
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. neg.

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead 1 Stillborn 1

FULL NAME Lyn C. Liddell FATHER FULL MAIDEN NAME Minnie Murri MOTHER

Residence (Usual place of abode) Nampa Residence (Usual place of abode) RR 4

If non-resident, give place and State

Color or race W Age at last Birthday 27 (Years) Color or race W Age at last Birthday 29 (Years)

Birthplace Idaho (City and State or County) Birthplace Idaho (City and State or County)

Occupation Farmer Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 2 A M. on the date above stated.

(Signature) W. C. Holtz

(Physician or midwife)

Address Nampa

Filed Dec. 6 1933 Lida Rodgers Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
 Urban Registration District No. _____ Local Registrar's No. _____

(If it has, he substitutes the word "Nihilism" for name of child)

[illegible]

What is the purpose of the following statement?

10-10-68

100-443887-100

.....

(Occupation)		
(Industry)		
(City and State or County)		
(Telephone)		

I hereby certify that I attended the birth of this child, who was

on the date stated

...should make his ...
...the latter ...
...with ...

DATE: 1975-01-10